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Dr. Huber's Editorship of THE GAZETTE ends with the present issue.

EDITORIALS.

VACCINATION AGAINST SMALLPOX.

THE only way to realize what vaccination has done for mankind is to recall the state of civilization before Jenner's demonstrations some six score years ago. Neither cholera, plague, syphilis, malaria nor camp diseases, howsoever gruesomely picturesque in their ravages, were before this time so persistently the cause of suffering, of disaster, so malignantly fatal.

"Philosophic historians" have almost invariably failed of just portrayals of human epochs because they have not gauged—indeed, they have, the most of them, not troubled themselves to consider—the sinister influence of disease on ethnic destinies; how epidemics have vastly affected the political, social, moral and economic aspects of civilization; have played, like the typhoon with a dory, with the wisest statesmanship; have wrought far more havoc than any ordnance; have brought about degenerations of superb peoples. This is worth stating here because history is most cruelly prone to repeat itself, whenever the factors that have in the past worked for untoward events are ignored as fatuously as do our present day anti-vaccinationists. No one expects that their persuasions shall widely prevail among our people. Still, as we shall see, their influence has within the year been deplorably pernicious. Thomas Jefferson, in lauding Jenner, prophesied that "future generations will know by history only that the loathsome smallpox has existed"; the common sense of our own generation, by reviewing history, should fend us against recurrences of the dreadful past.

We are here, therefore, essaying an exposition of the nature of vaccination; and to demonstrate that if we are not again to endure the mediæval horrors of smallpox, no other preventive measure will take its place.

Smallpox probably afflicted mankind long before Homer, or Moses or Hammurabi. It spared no race, any age or either sex; no climate or soil or housing conditions availed against it. If its genesis and spread were akin to those of cholera and the plague, smallpox was born by terrible old Mother India and was carried Mecca-ward by Mohammedan pilgrims. No incompetence of commanders, no lack of the machinery of war, of soldiers or of valor, raised the siege of Mecca in 568 A.D.; but this pestilence, which destroyed the besieging Abyssinian army. Thence smallpox spread through the Caspian region northward and westward into Africa. In like manner did the returning crusaders bring with them from the Holy Land that Eastern gift by which up to the eighteenth century whole nations were decimated, whole cities de-

populated, towns and villages wiped completely out of existence.

Before Jenner smallpox was commoner than measles and much more fatal. Almost everybody had it before adolescence; parents exposed their children to variola, accepting hopelessly the risk of death, of total blindness, of hideous disfigurement for life. Sixty millions died of smallpox in the eighteenth century alone; whilst every other passerby on the thoroughfares was pock-marked. In Iceland in 1707, eighteen thousand were destroyed in a population of fifty thousand; in Greenland in 1734 nearly two-thirds of the population.

Great epidemic years were succeeded by periods of lessened prevalence only because the susceptible human material was for the time being exhausted. Variola, to thrive, had to wait for the borning of fresh generations. Mainly a disease of childhood, its recurrence in the individual was rare, after the manner of infections generally; one attack, though not invariably, conferred immunity to future attacks. Thus then, the adult population of Europe consisted mainly of smallpox survivors. Indeed, officers of record were wont to make division into: those who had smallpox; those having smallpox; those who were going to have smallpox.

Most London children had variola before they were seven. In 1802 in the United Kingdom forty-five thousand were reported to have died annually of smallpox. No kind of environment, no seclusion guaranteed protection.

No station in life, no calling was respected; many royal personages succumbed. Our own Washington contracted smallpox in the West Indies. In 1776 smallpox broke out in Cambridge; "and there were scarcely enough men free of it to keep guard at the hospitals." The Boston epidemic of 1752 left but 174 exempts among 15,684 people.

Then came Jenner's offering to mankind: and it was "as if an angel's trumpet had sounded over the earth spreading the good tidings into all the lands, that a preventive had been found against the horrible disease so long the scourge of humanity." And Macaulay:

"That disease, over which science has achieved a succession of glorious and beneficent victories, was then the most terrible minister of death. The smallpox was always present, filling the churchyards with corpses, tormenting with constant fears all whom it had not yet stricken, leaving on those whose lives it spared the hideous traces of its power, turning the babe into a changeling at which the mother shuddered, and making the eyes and cheeks of a betrothed maiden objects of horror to the lover."

Jenner's discovery has indeed rendered the ghastly disease we have thus far considered into one so innocuous that a year ago in a city of above five million souls there was actually but a single smallpox death.

IS VACCINATION DANGEROUS?

Whatever dangers there are have been vastly magnified by anti-vaccinationists; such dangers are infinitesimal by comparison with the benefits of vaccination. And what sane individual who has to choose will hesitate. Nowadays, indeed, with our improved quality of vaccine and our aseptic methods a bad arm is rare, serious complications are still rarer. Yes, the vaccination becomes an open wound, subject to the dangers of any wound. As well, however, prohibit, as well forego, all surgery, all operations for human relief. For that matter a pin prick or a razor scratch has proven not only dangerous, but fatal. Practically all danger of vaccination comes after the operation and from uncleanliness and the lack of proper precautions. Whenever the directions every family physician will give, or which any health department will supply are followed there will be no untoward results.

How frequent are the dangers? In Germany, during thirteen years more than 36 million children were vaccinated. Of these 115 died within a few weeks or months after the operation, presumably of injuries incident to the operation. Of these 115 it appears that at least 48 did not die as a direct result of the vaccinations. More recent records are still better; it is now exceedingly rare for a death to be recorded as directly due to vaccination. In the Philippines our government surgeons vaccinated 3,515,000 persons (the most of them not noted for balneal proclivities) without a single death or any serious post-vaccinal complications.

COMPULSORY VACCINATION.

THE laws and regulations relating to vaccination in our several States are not uniform. Massachusetts was, in 1809 the first State to enact vaccination legislation. Decisions in the various courts of the United States have held vaccination to be legal, as when the validity of the Massachusetts statute, questioned under the Constitution, was upheld in the Supreme Court at Washington: "The liberty secured by the Constitution of the United States does not impart an absolute right to each person to be, at all times and in all circumstances, wholly free from restraint. Real liberty for all could not exist under the operation of a principle which recognizes the right of each individual person to use his own, whether in respect of his person or of his property, regardless of the injury that may be done to others."

It would indeed be ideal if all would submit voluntarily to vaccination and revaccination; but experience has proved this plan to have failed, as in England, where the "conscientious objector" has to a serious degree nullified the benefits of vaccination. Compulsory vaccination gives the best results; whilst notification, isolation, quarantine and disinfection are adjuvant, vaccination is the only real safeguard.

Germany has from 1874 had compulsory vaccination. There have since been no epidemics of smallpox in the Empire, although the disease has been frequently introduced from without, especially from Russia. In 1897 there were but 8 smallpox deaths among the fifty-four million German people. Since 1897 long periods have passed without a single variola death. Since 1874, in the huge German army, where discipline is inexorable there have been only two deaths from smallpox, one of these of a reservist who had not been successfully vaccinated. Compulsory vaccination has averaged 1 to 3.5 smallpox deaths per million. Belgium, Russia, Austria, Italy, Spain, without compulsory vaccination, have averaged respectively 164, 231, 510, 536 and 963 smallpox deaths per million of population.

THE SINS OF THE FATHER.

TWELVE per cent. of human sickness today arises from diseases growing out of the social evil. Fully eighty per cent. of the young men who sow wild oats become physically tainted and carriers of loathsome infection. Wives and children reap a ghastly share of the wild-oat harvest. Thirty-three per cent. of the deaths of children under six months; eighty per cent. of the blindness of new-born infants; twenty-five per cent. of all blindness; eighty per cent. of the diseases peculiar to women; seventy-five per cent. of all surgical operations performed on women; over sixty per cent. of the work done by specialists in diseases of women; all these are the result of hideous infections thus most innocently contracted.

It is the solemn duty of all parents to advise their adolescent sons of such facts as these; of all physicians to do the like with all the young men they can influence; of all teachers in personal touch with students who look to them for guidance; of all clergymen able to impress the potent influence of religion upon the consciences of the youths in their congregations. If such influences as these succeed none others will be needed. If they fail none others will succeed.

ICED COLD TEA.—Let some of the beef tea get cold, put it in a basin, and set the basin inside a larger one. Break some ice into small pieces and fill the space between the two basins with layers of salt and ice. Let the beef tea stand for about fifteen minutes, then stir it up, repeat this, and leave till the beef tea is frozen.

A NATIONAL DEPARTMENT OF HEALTH.

THE GAZETTE has from time to time urged the creation of a National Department of Health with a cabinet officer at its head. In this issue appears matter entitled *Lest We Forget* from which, and from much else that has appeared in these columns in the like tenor, one may gather who THE GAZETTE considers should logically be the Cabinet Officer heading such a Department. The responsible medical profession has long been unanimous in urging to such ends; to which the American Medical Association and The Southern Medical Association have especially memorialized Congress. The Medical Press has faithfully worked for them. We therefore with peculiar gratification endorse the following ideas, as set forth in the *Southern Medical Journal*:

1. General Gorgas is recognized as the greatest sanitarian that the world has ever produced.

2. If the measures that he employed for the prevention of disease were even approximated in the United States there would be an enormous decrease of death rate as well as a decrease in general sickness.

3. There are approximately 500,000 people who die needlessly every year from diseases that can and should be prevented. The economic waste from this wanton loss of life is frightful. Therefore, the Nation's greatest need is an efficient department of health to aid the city, county and state public health authorities in protecting the health and lives of its citizens.

4. The United States Public Health Service is doing excellent work with its limited funds and scope. It should be enlarged and correlated with the Medical Corps of the United States Army and Navy, and developed into an adequate Department of Health.

5. The soldiers, marines and sailors should be trained as sanitary inspectors to be used when called upon, as in epidemics or at any time, by the city, county or state public health authorities. This would make the Army and Navy an asset to the Nation in times of peace; and, since in war diseases kill more soldiers than bullets, if the soldiers, marines and sailors were trained in sanitary matters they would save the lives of thousands of their comrades.

6. By connecting the name of Surgeon General Gorgas with the proposed Department of Health it would popularize the movement because every one would know that General Gorgas would get results. Besides the Nation owes him greater honors than has ever been accorded to any member of the Medical Corps of the United States Army. Congress should first make him a Major General and allow him to retire with that rank and if a Department of Health is created the country would look to President Wilson to make him Secretary of Health.

Since men for the most part follow in the footsteps and imitate the actions of others, and yet are unable to adhere exactly to those paths which others have taken, or attain to the virtues of those whom they would resemble, the wise man should always follow the roads that have been trodden by the great, and imitate those who have most excelled, so that if he cannot reach their perfection, he may at least acquire something of its savor. Acting in this like the skillful archer, who seeing that the object he would hit is distant, and knowing the range of his bow, takes aim much above the destined mark; not designing that his arrow should strike so high, but that flying high it may alight at the point intended.

GOOD ethics, then, is to be found among surgeons who, following the teaching of Hippocrates and Aristotle, of Celsus and Galen maintain that he is the upright scientist who pursues his art by the light of sound reason; who draws his conclusions and guides his practice by deductions founded on accurate observation, who observes that clear inductive method which is older than history; who abhors exaggeration and pretence; who practises square dealing; who conducts himself toward his fellows and toward the public as a generous and honorable man.—JAMES G. MUMFORD, *Clifton Med. Bull.*

VOLUNTARY SANITARY STANDARDS IN INDUSTRY.

EVERY new sanitary regulation of industry, observes the *Bulletin of the Health Department* of New York City, is denounced by well-meaning individualists as an invasion of personal liberty. In a society composed wholly of enlightened and altruistic individuals, there would be little need for legislation of this kind; but under present conditions those who advocate the adoption of restrictive laws usually do so in the belief that carefully considered social legislation tends, in the long run, to increase the value of human life and to promote the welfare and progress of the race.

While individualists believe that regulative legislation has been overdone, the voluntary organization and successful activity of such a body as the Joint Board of Sanitary Control of the Cloak, Suit and Skirt Trades, and the Dress and Waist Industries of New York City—in other words, the banding together of employers and employees, in a huge industry, for the sanitary regulation of its manufacturing establishments—is an indication that in some quarters, at least, the need is recognized of establishing working standards over and above those which are legally enforced. If employers and employees in large industries generally would get together in this way the work of social reformers would be largely supplanted, and the activities of boards of health and of other state and municipal departments would be materially diminished. Among the commendable sanitary rules which have been voluntarily adopted by the Joint Board of Sanitary Control are the following:

1. No shop to be allowed in a cellar.
2. Fire-proof receptacles, lined with tin and having a tin cover, to be provided in sufficient numbers for rubbish.
3. Halls and stairways leading from shops to be adequately lighted by natural or artificial light.
4. Sufficient window space to be provided for each shop, so that all parts of the shop are well lighted during the hours from 9 a. m. to 4 p. m.
5. Where gas is burned, arc lights or incandescent mantles should be used.
6. All lights to be well shaded, to be placed above operatives, and not too near them.
7. At least 400 cubic feet of space, exclusive of bulky furniture and materials, should be provided for every person within the shop.
8. The shop should be thoroughly aired before and after work hours, and during the lunch hour, by opening windows and doors.
9. Walls and ceilings of shops and water-closet apartments should be cleaned as often as necessary, and kept clean.
10. Floors of shops, and of water-closet apartments, to be scrubbed weekly, swept daily and kept free of refuse.
11. Water-closets to be adequately flushed and kept clean.
12. A sufficient number of water-supplied wash basins to be provided in convenient and light locations within the shop.
13. All waste materials, cuttings and rubbish must be removed twice a day from the floor of the shop and once a day from the building.
14. In all shops where more than twenty-five women are employed, provision should be made for rest and emergency rooms for their use.

The Food Problem.—It must always be kept in mind in discussing pure food problems that the public has two vital interests at stake. It must be protected against foods definitely proved to be dangerous to health; but it is quite as essential that it should not be robbed of any safe foods on account of unreasoning prejudices. The use of the milk and meat from cows slightly affected with tuberculosis is a case in point.—*C. E. A. Winslow.*

The Greatest Waste.—In any business, intelligent management attacks and eliminates waste. The government is a gigantic business enterprise, with an implied purpose of far greater import than dividends in money or stocks. Sickness is waste. The death-rate in the cities of this country is 15 per thousand; in rural districts 10 per thousand. This can be cut in half. —Dowling, in *Bull, Texas State Board of Health.*

KITCHEN EFFICIENCY.

THE Department of Agriculture recently stated that the rural housewife of a century ago, with her fire-place cooking and her log cabin, was better provided for than is the housewife of to-day. Whilst the twentieth century husband has added countless mechanical appliances to lighten his work and whilst her children have escaped to the city, the twentieth century rural housewife has to go on drudging under virtually unchanged conditions.

Nor is her city sister so very much in advance of her. For example, Christine Frederick has observed in the *Review of Reviews* (February '14):

One evening, several years ago, when without a servant, I counted the number of pans, pots, and dishes I was washing, there were eighty-seven in all. I timed myself on this unpleasant old task, which I hated from the bottom of my heart, and found it took forty-five minutes to wash, dry, and lay them away. When I was through I was so heated and tired that I didn't feel like doing anything else all the evening.

Yes, every kind of work has its element of drudgery—but is there anything to equal kitchen drudgery—which is endured because of the fatalistic impression that it cannot be relieved. Yet every other form of activity—transportation, chicken-raising, education, bridge-building, government—has been improved in recent decades. Why not cooking, then. Is not scientific management applicable here as elsewhere? "Three years ago I grasped this idea," declared Mrs. Frederick: "And I can say that it has revolutionized my entire thought and practice about my home, and convinced me that a new era for woman's work—traditionally never done—is coming."

One of the first things she discovered was that the materials with which she worked were not right. "I cramped my back over a sink twenty-eight inches high, when I am a taller woman than the average and need to work on a surface at least three inches higher." Accordingly she devised a tabular scheme to show the proper height of the working surface (including that of the above) for women of any height. And she eliminated stooping by having dust-pans, etc., with longer handles.

Then Mrs. Frederick discovered that the sink, the tables and the stove were in a wrong relation to one another. To set these things right she first analyzed the kitchen work, and found it could be divided into two groups of processes: preparing the meal; and clearing it away. Then she built up the subsidiary processes in a logical time—and energy-saving order, which she has illustrated by diagrams. Eighty per cent. of household inefficiency she attributes to six causes, reducible to five by combining the first two. Thus: Not having all the needed tools or utensils at hand at the beginning of the task; wasting time and effort in walking to, hunting for and bringing ingredients and tools; stopping in the middle of one task to do something else quite unrelated; losing time in putting away tools or work owing to poor arrangements of kitchen, pantry and closets; using a poor tool or a wrong one; not keeping sufficient supplies on hand, with tools in poor condition. The simple fact seems to be that kitchen efficiency is as yet an infant art.

Constructive Medicine and Good Housing.—We have done great things, and in the doing of them have created a new profession, that of preventive medicine. Since the days when the physician was content to cure those already sick to these days when the physician, whatever his technical titles, labors to keep men from becoming sick, we have advanced far. But perhaps the time has now come when we must create another profession, that of "constructive medicine." Its field may be even larger than the field of preventive medicine, the multitude of its practitioners divided into a greater number of groups than those who now guard our food, our water, our air and our neighbors from infection and contagion. And one of its tasks will be to see that our houses are adapted to serve as family homes. For that is what good housing means.—John Ihlder, *Amer. Jour. Pub. Health.*

ORIGINAL ARTICLES.

HYGIENE FOR WOMEN.

By Ralph Waldo, M.D., F.A., C.S.

Lecture Given at Lebanon Hospital Training School, April 8, 1914.

It is impossible to discuss any branch of Hygiene without first reviewing the subject in general.

Hygiene is the science, Practical Hygiene the art, of preserving health. The name has been adopted from the French; it is derived from the Greek, hygeia, health.

Writings on health are among the oldest in the world. The subject has engaged the attention of the profoundest thinkers and the most renowned leaders of men. We have only to note the elaborate Mosaic laws for the preservation of health through scrupulous attention to cleanliness, the isolation of the sick, and the extreme care in the use of wholesome articles of food and drink. Throughout the whole of their history, the Jews enjoyed a remarkable immunity from epidemic disease, the most of the instances in which such disease occurred being those in which they departed from the law and relaxed the wholesome vigilance enjoined by it.

It is the province of hygiene to seek out and determine the cause of disease; and then to formulate rules for its preservation and removal. The progress of hygiene, such as it was, rested for many ages on an empirical basis, and to a large extent this is the case at the present time.

The ancient Greek taught that to have a sound mind you must have a sound body, and that you must have pure air, pure water, and good food; and in Sparta where this teaching was developed to the highest degree the children were taken from their parents at an early age, and thoroughly trained and developed—the boys and girls separately. Later healthy young men and women were married; and if healthy children did not result they were separated and the unhealthy partner was not allowed to remarry. Physicians were not allowed to treat chronic diseases; but only acute diseases and injuries. As far as we know the human race was physically better developed during this period in Greece than it has ever been before or since in the history of the world. During this period Greek culture made the enormous development that the world has copied since.

With this little historic review of hygiene in general we will pass to the immediate subject of the evening.

Hygiene of Women is the most important branch of the subject, for on it rests the future welfare of the human race. In order to correct an evil, it must first be recognized, not by a few individuals but by the public; and its gravity thoroughly appreciated. I am informed by the superintendent of one of the large state insane asylums that within the state of New York there are confined in either public or private asylums, 100,000 patients and that there are 100,000 more insane people kept at home; in all 200,000 insane people in New York State. This number is increasing so rapidly that it is almost impossible to house the new patients who are continuously applying. Please don't understand me to mean that this frightful condition is due entirely to the poor health of the women of the State; for it is not.

In many of the savage tribes of the world there is very little difference in the physical development of the men and women. This is largely the case with the peasants of Europe.

It would seem that largely, but not entirely, our world is peopled by the ignorant, superstitious and poverty stricken; and

classes in which the women labor out of doors. It is said of an Indian woman that when she was upbraided for laboring for her husband she answered that she was proud to be able to. During the early age of boys and girls the girls are fully as strong as the boys and then at ten or twelve years of age they are heavier and not infrequently their physical superiors.

If the proper hygiene is followed is it not possible to maintain this physical equality through life? I believe that in the main it is. We all know of instances of women with powerful muscular development, and while this is largely in the laboring classes there are instances in the higher walks of society.

Just here it is well to remember that there are more boys than girls born and that there are more women than men in the world. In other words, the mortality is greater among men than women. This is so during all ages excepting a short period during the child-bearing age of women.

A girl passes through a very critical age and if she is not properly cared for during this period she is very apt to be more or less of an invalid during the remainder of her life.

The little girl is apt to be plump, well developed and fancy-free until she reaches from 12 to 16 years of age. At this age she should largely associate with children of her own age, her education should be of the simplest, her brain should not be taxed, her food should be simple, nourishing and not stimulating; she should drink freely of water or milk and under no circumstances should she be given tea, coffee or alcohol in any form. She should go to bed early and have no excitement or amusement that adults indulge in. The clothing should be simple, and appropriate to the weather, she should sleep in well ventilated apartments. As far as possible she should live out of doors and have simple out of door occupation or amusement. Her studies should be simple but never exacting. She should never practice for hours at a time on a piano or any other musical instrument. She should not be allowed to spend her time reading trashy novels; or to go to theatres or moving picture shows. When in the house the apartments should be well lighted, ventilated and heated during cold weather.

Our cities are recruited from the country. In the country the opportunities for the excitement of children are few. Young girls should be subjected to mild discipline; but they should not be harassed. They should be given work to do; but they should not be overworked or severely disciplined when they make mistakes.

As the girl begins to develop she should be carefully watched and when she menstruates should at first be kept in bed during the first day and kept warm and not excited a day or two before and during the entire time of her menstrual flow. Under no circumstances should she go to school while menstruating. Our system of educating girls during this period of her life is very faulty. Many times if the brain is called into active operating by excitement, work or any severe mental exertion, the nerve force and blood is taken from the uterus and ovaries during their development; and the development is largely arrested. This in time results in painful menstruation, congestion, constipation, dyspeptic disturbances and general malnutrition. Many times in going over the history of a woman suffering from chronic internal disease, I find that she was at the head of her class; that she took honors at her graduation; and shortly after was the sufferer from chronic uterine disease and gradually became a nervous and physical wreck. Does this pay?

I am not arguing against the education of women; but I do object to the method that is frequently followed.

If as the menstrual function gradually becomes developed study is also gradually extended, all that is desired will be accomplished; and if the young woman wishes an

advanced education, it can be obtained at the sacrifice of only a little time, and not at the sacrifice of health.

Girls should not wear corsets and the clothes should be supported from the shoulders rather than by bands around the waist. This is so that the abdominal muscles should be free to act and so become developed. This is most important not only for the child but also for the woman who is to follow. Much of the constipation from which women so generally suffer would be prevented if abdominal muscles were thoroughly developed. The bowels should be kept regular by appropriate diet and hygiene and if this can not be accomplished simple remedies should be administered in such quantities as to produce as near as possible, one normal evacuation each day; and it should be arranged to have this action at the same time each day. In this way a habit is acquired and it will not be necessary to continue the laxative. The family physician should be consulted on this subject. Chronic constipation causes a congestion of all the pelvic organs and is one of the most frequent causes of arrested development of the uterus and ovaries. A girl should marry so that her first child should be born not later than her twenty-fifth year. On the other hand, she should not marry before she is thoroughly developed, which is usual at about twenty years of age. In the past it has been quite generally believed that marriage was the cureall for uterine disease in young women. If there is painful menstruation due to too small an opening in the mouth of the womb or to an anteflexion (a bending forward of the uterus), the birth of a child will stretch the opening and so cure the painful flow; but in a large percentage of cases these women can not become pregnant and when that is the case marriage does more harm than good. If there is inflammation of any of the pelvic organs the woman should not marry, and when there is the slightest idea that any uterine disease is present a physician should be consulted and if disease is found the girl should not marry until after it has been cured. The lives of many women have been made miserable by marrying when disease of the pelvic organs was present. A woman should have a child as soon after marriage as she can. On the average the children of young adults are much stronger than those of old people and the children are carried with less discomfort and delivery is much easier. The first child should be born between the ages of 20 and 25. There are exceptional instances where the first child comes with very little discomfort at a much older age. During pregnancy the woman should not be subjected to severe mental or physical strain; but should follow their ordinary vocation and take a fair amount of out of door exercise and eat freely of simple nourishing food. Under no circumstances should either men or women indulge excessively in any form of alcohol during the child bearing period. Many idiots and mentally weak children result from the excessive use of alcohol by the parents. Neither men nor women who are suffering from chronic disease or who are mentally unsound should marry and I am in favor of making laws prohibiting marriage under these circumstances.

If a woman becomes pregnant she should carry her child if she can.

There is much superstition in medicine and more in the department pertaining to childbirth than any other branch. It is believed that a woman should remain in bed for nine days after the birth of her child and after this time she is able to go about and do as she pleases. This is one of the greatest fallacies in medicine. A uterus that has taken nine months to grow will not contract to its normal size in nine days. In fact, under favorable conditions it will take about two months for it to contract down to its normal size. With the increase in the size of the uterus there is an increase in the size of all of the parts associated with it and they must contract back to their normal size before it is safe for the woman to follow her normal vocation.

The old adage of two weeks in the bed and two weeks on it is a good one, and where this rule is followed there will be very little womb disease as the result of childbirth.

If possible a woman should nurse her child. It is much better for the child and for the mother. There is nothing that will cause the uterus to contract so strongly and permanently as a child at the breast.

Barring accidents a woman is healthier and better if she has a family than she is if she does not. A woman who gives birth to children is much less liable to have fibroid (hard tumors of the uterus) than one who has no children. This is especially the case where the women are married and have no children.

The uterus and ovaries are temporary structures in the human race. By that I mean that after a certain age they become small and to all practical purposes disappear. With the contraction of these organs the menses or flow disappears and the woman passes through the menopause or change of life, as it is ordinarily called. This usually takes place between the ages of 45 and 50. In exceptional instances it may occur at a much earlier or later age. I have known women to change at 30 and others at 60 years of age. This is a critical age in a woman's life, but it is not a disease; and if unusual symptoms as excessive flow or paining are noticed a physician should be immediately consulted. Ordinarily the woman will have a period of about five years in which she will have more or less hot flushes; and the menstrual flow will diminish in quantity and be irregular and finally disappear entirely. The nervous system is more or less disturbed, as indicated by hot flashes, general excitability or depression, for a varying time after the menses have disappeared.

If after the menses have entirely disappeared blood should be seen, no matter how small in amount, a physician should be immediately consulted for this is frequently the first symptom of cancer noticed. Although as an actual fact this disease is preceded by a peculiar watery discharge. These symptoms occur long before there is emaciation or a foul smelling discharge. There may be an appearance of blood due to conditions other than cancer. If cancer is discovered or suspected by a competent physician, have an operation performed as soon as possible; for at first the disease is local and in a large percentage of cases can be cured. No time should be lost by waiting for spontaneous recovery to take place; and no faith should be placed in the X-ray, radium or any variety of serum treatment. As yet there is no evidence, in spite of repeated trial, that these deep seated growths are to the slightest extent benefited by any of these treatments. As radium has been so extensively advertised in the newspapers for the protection of women with beginning cancer of the womb it is necessary to state that a large percentage of radium salts that have been advertised and sold in all the large medical centers of Europe and America, on a thorough investigation of the U. S. Government at Washington, are found either to contain no radium whatever or a very small amount. Furthermore if the preparation of radium is good it will only benefit the superficial cancers that can and are cured in a very large percentage by almost any form of efficient caustic. The best observers believe that radium is a no more efficient remedy in the treatment of cancer in any form, than many other materials that act as a caustic.

54 West 71st Street, New York.

WHO are the victims of appendicitis? One thing certain, you don't see it among the hardy, horny-handed sons of toil. Why? Because hard labor, plain, coarse diet, keeps the secretions active and healthy. Your man of leisure—clerks, book-keepers, stenographers; brain workers and all persons who don't do manual labor, are the appendicitis victims. Want of manual exercise, *riding* everywhere, and walking *none*, causes intestinal torpor, indigestion, sluggish liver, and a general piling up of every eliminating function. Then, the food is a vital matter. If a person of sedentary employment indulges in an abundance of rich food, with meat, as a permanent article of diet, nothing can be expected of such but indigestion, constipation and many other ills.—*Dr. Field.*

THE FEEDING OF CHILDREN OVER ONE YEAR OF AGE.

By C. W. Canan, M.D., B.S., Orkney Springs, Va.

At the end of the twelfth month the average well-fed or breast-fed baby should be weaned and other nourishment given. After this age, the baby if bottle-fed should gradually receive more than the milk and cereal, with which most children are fed. The food most suitable for the second year of life and the methods of its preparation and administration, are subjects upon which the masses at large are profoundly ignorant. At this period of life, we find a few children that are under-fed but with the great majority the trouble lies in their being over-fed. They are given unsuitable food, wretchedly cooked, at improper intervals and often in a very careless manner. Is it any wonder that there are so many badly nourished and forlorn looking children when we think of the great amount of indigestible food these children are given as a diet? We are all aware that summer diarrhoea and cholera infantum find its greatest number of victims among those over one year of age. Why is this? Enquiry in every case will reveal the fact that the patient had been allowed a broader line of diet, and in many instances various things that were wholly unfit to enter the stomach.

The dreaded second summer robs hundreds of homes of their precious little ones, because of ignorance and carelessness of those who select, prepare and feed these little tots. We want to say and say it with emphasis, that the second summer, managed properly, is of but little more danger than any other summer during child-life.

It has become an almost universal custom when the child is weaned, or given something other than an exclusive milk diet, to allow him to taste this and that from the family-table; very often these, "tastes" comprise the entire diet list of the family.

We have seen with our own eyes mothers give their babies, ranging from 12 to 16 months of age, "tastes" of string beans, meats of all kinds and in fact anything indulged in by the parent. One of the worst things we know is to feed the baby, what is known among the ignorant class as "coffy soup." This is made from black coffee and home-made bread and sugar. The bread is never toasted, seldom is there any milk added and it is often sweetened until it is syrupy.

We have seen this fed to these little ones before they were twelve months old. It is amazing how much of this ("coffy soup," as they call it), is fed; and we know of nothing so likely to sour the stomach; time and time again have we seen these little ones vomit this sour ill-smelling stuff. We have seen many relapses traced directly to this line of diet.

In many instances not only is the food selected unsuitable, but it is given irregularly, and this is supplemented by feeding sweet crackers or cakes between meals.

Have you ever gone to church in the country and watched a dozen mothers or more open their hand-bags or satchels and give their babies those great round molasses cakes or sweet cakes of various kinds? The mother would not think of going to church without a goodly supply of this line of diet safely stored in her hand-satchel to keep the little fellow quiet during the service. If he cries or whines he is pacified with one of these big disks; if he wants water, or to get down the satchel is opened again. How often has the writer seen these little ones taken sick before the day was done.

During the hot months the gastro-intestinal tract is less able to bear the abuse that it is subjected to and the child becomes ill. If mothers would only consult their physicians as to their children's diet there would not be so many homes robbed of their precious darlings.

When the twelfth month is completed in an average child the mother or nurse should go to their physician and get a diet schedule and then begin cautiously, in order to learn the child's ability to utilize the food allowed.

Every new article of diet allowed the child should be carefully prepared and in very small quantities at first. The feedings should be at regular intervals with nothing between meals. Some children are thoroughly satisfied with milk and refuse all other forms of nourishment. With such children tact and patience are necessary.

In dealing with children of this kind the milk should be kept in the background and the more solid articles offered first.

Among the under-fed or poorly nourished, you will always find them to be children who have nursed too long or have been fed on an exclusive milk diet for too long a period.

A few years ago we canvassed personally, two hundred and sixty mothers who nursed their children. Out of this number there was less than one per cent. who could nourish her child at the breast exclusively to its advantage after it was one year old. The majority of cases of malnutrition met with during the second year, are found to be exclusively milk-fed.

These children are pale in color with a prominent abdomen and flabby muscles. They are generally cross, irritable and often have night horrors. Children ranging between 12 and 15 months should be fed five meals daily, beginning at 7 a. m. and ending at 9.30 p. m. From 15 to 18 months they should be fed four times daily. The same number of feedings should be continued until the child is two years old. Nothing should be given between meals, this is very important: because, if this is followed the child will not eat sufficient at his regular meal time and the stomach will not get the desired rest which will lead to many stomach and bowel troubles.

In closing this paper we will suggest some of the safest articles of diet for the baby during his second year. These are oatmeal, barley, wheat jelly, one to two teaspoonsful in eight ounces of milk. All cereals selected should be cooked not less than three hours. Scraped rare beef, raw eggs or very soft boiled eggs. Broths—beef, mutton and chicken with salt bread broken in.

When the child is older custard, corn starch, plain rice pudding, zwieback or bran biscuit. In the fruit line orange juice, stewed prunes, baked apple and apple sauce.

As the child nears its second birthday rare steak or rare roast beef cut very fine, spinach, asparagus tops, stewed tomatoes, strained, mashed cauliflower and a well baked potato. Bran biscuit with butter or stale bread and butter.

By using good judgment in selecting the articles best suited to his age, and to see that everything is properly prepared and the right quantity fed, there will be very few cases of serious bowel trouble or cholera infantum during the hot months.

And in thus acting the Romans did as all wise rulers should, who have to consider not only present difficulties but also future, against which they must use all diligence to provide; for these, if they be foreseen while yet remote, admit of easy remedy, but if their approach be awaited, are already past cure, the disorder having been hopeless, realizing what the physicians tell us of hectic fever.—*Machiavelli.*

What is Insanity?—What is vaguely called insanity—a term which physicians would gladly leave to the lawyer if he can use it—is really a wide range of greatly differing conditions and diseases all playing havoc with our organ and functions of conduct and behavior. Many too long neglected lines of research enter into it.—Adolph Meyer: *The Purpose of the Psychiatric Clinic.*

HISTORIC NEGLIGENCE OF REST.

By Philip Getson, M.D., North Western General Hospital, Philadelphia, Pa.

I.

That rest is essential to life and health is an old, well known fact. The slightest bruise will heal reluctantly or not at all if the part be kept in constant motion. The welfare of the individual, community, indeed, of the nation, may depend upon the amount and form of rest it can afford. This principle was clearly understood in times of yore and utilized not only by medical men but by patriarchs and founders of nations as well. Thus the first step toward the organization of the ancient Hebrew tribes was the establishment of the Sabbath —a national day of rest. The Christian Sunday and the Mohammedan Friday is based upon precisely the same principle.

Not health alone but culture and education as well depend upon the condition and degree of rest involved. A fatigued body must necessarily result in a fatigued and exhausted mind, and an exhausted mind cannot think.

Fatigue means overloading of the system with intermediary products of metabolism which eventually results in disease. Rest signifies elimination—its importance then is clear and needs no emphasis.

II.

In connection with the subject of rest, the so-called rest cures are worthy of some consideration. Rest cures of all kinds, rest cures purely so and rest cures disguised by names such as "Spas," various water cures, sanatoria, thermo-therapy, helio-therapy, etc., have been, with the advancement of medicine, appearing and spreading with wonderful rapidity, until, at the present time, they have established themselves securely and now occupy a prominent position in the field of modern medicine. They are, the rest cures, really the consequences of careful investigation and research.

Medical men have been pondering for centuries how to rectify or remedy some untoward conditions existing in or affecting the human body and mind; they came to the conclusion that all that was necessary in a great many cases was rest—systematic and prolonged rest. They have simply "discovered" the well known but surprisingly neglected principle—the necessity of rest in order to affect a cure in various ailments. Not only this but they found that numerous affections result—either directly or indirectly through lowered resistance—from insufficiency or lack of rest. Hence the great success of the different forms of rest cures. The enormous chains of hospitals spread all over the globe are to a great extent nothing but rest cures, modified, at times, by drugs, surgery, diet and other specialized agencies.

III.

The beginning of civilization, as hinted above, really dates from the time the world had originally established a day's rest. A slave laboring seven days a week with barely enough sleep to be able to work can neither be well, work well nor think well. Rest permits the body to recuperate and the mind to think. Thus the originally established day of rest has given mankind its first impetus in the direction of culture and progress. The seed had been placed in the soil, and, obeying the laws of nature, began to grow. It grew and increased and spread, deviating in different directions until it started to burden itself—its own self. It overgrew, over developed and then started to decay, degenerate, defeat its original purpose as a result of its too great activity—just as certain bacteria die of their own poisonous products which they themselves develop after living together for a certain time.

To state it in clearer terms, it means this: Man rested. This improved the conditions of his body and mind. As a result, he began to think, work and create; but he failed, at the same time, to realize that an increased amount of rest is necessary to

keep the human system in the improved condition; he failed to make the rest parallel the constantly increasing amount, kind and character of work. He neglected to reason out that rest must be in direct proportion to the products of body and mind; that just as every branch of life progresses, the conditions, amount and form of rest must progress also instead of regress as it did and still does due to the fact that it has been left in its primitive state—one day in a week. He forgot that just as rest improves the human machine, fatigue will deprove same.

He thus not only thought, created and worked, but he over-worked and over-taxed himself, forgetting that his power of work and creation was the result of adequate rest. He began to defeat himself with the products of his own creation. The resulting improvement in work, the fruits of his rest, were so numerous and heavy that they began to fall prematurely to the ground breaking the branches with them, indeed, to such an extent as to jeopardize the whole tree, aye, the root—the very seed that gave him (man) the first impetus of life, existence, progress.

IV.

Why is it then that for thousands of years we have been working, studying, inventing, keeping our nerves in a constant state of tension—anxiously creating more and more, improving every branch of life and yet not making the least effort toward improving our conditions of rest? Why is it that the ancient form of rest—one day in a week—intended to be just a start in this direction and to improve in proportion to the degree of work and progress of civilization has been so obstinately neglected and is still persisting in its primitive state?

Compare the life of the ancient man—easy, free from worry, unmarred by the burdens of civilization, roaming the woods and fields, enjoying the products of nature so abundantly supplied to him in a form ready to be consumed—to the life of the modern man, full of worry, anxiety, staggering under the problems of civilization, competition, rapid locomotion, machinery, with its dangers, accidents, and the like. Is it not a thousand-fold more complicated and harder? Would it not be logical to presuppose that our rest ought to be proportionately improved to meet and counteract the constantly added strain? Yet the conditions of rest have not improved in the least, it is exactly now what it has been hundreds or thousands of years ago.

V.

Realizing, then, that this is an abnormal condition, we must realize that its effects should be equally abnormal. Just as overuse results in hypertrophy and disuse in waste—both abnormal conditions—so the insufficiency of rest extended throughout centuries and generations, must of necessity result in morbid consequences. "Every action is followed by an equal and opposite reaction." This is a law of nature and holds good in the organic as well as in the inorganic realm. Every action whether physical or psychological is performed at the expense of the body tissues or their nutritive principles which, for want of a better understanding of the chemico-biologic principles involved, we call oxidation or burning up. This results in formation of waste products which are removed by the body fluids and diverse channels of elimination. If elimination equals production the system as a whole—the individual—does not appreciate any abnormal sensations. If the eliminative agents, however, cannot remove all intermediary waste products, fatigue or exhaustion results. It really constitutes a warning that the tissues are overloaded with poisonous principles of work and that production of same is to be stopped so as to permit elimination to rid the system of the accumulated poison. If this be done, that is, if the individual rest sufficiently, the various tissues are freed of their undesired principles and the body is then said to have recuperated and becomes ready for work again. If not what results?

VI.

The power of life for accommodation to environments and changes, if not too sud-

den or too radical, is enormous, it is almost unlimited. This is one of the wise provisions of nature to insure a continuance of the race. Make a sudden change of temperature of the water in which a fish is living and it will die promptly. Produce this alteration slowly and it will live for a considerable time—it will gradually accustom itself to the unfavorable change and manifest no apparent bad effects. But, remembering the laws of nature, there must, to every action be an equal reaction, effects, then, must be and will be. As the action however is slow, the reaction will be equally slow, but it also will be equally certain.

What happens then to the human race, overworked, overfatigued physically and mentally, overloaded with katabolic products, for centuries and generations not having sufficient rest? The intermediary wastes, toxics, accumulate within the tissues. They, like all mild poisons, irritate slowly, constantly and surely. As this continues, the body must either accommodate itself to the slowly acting poison by appropriate reactions or die. Those with low resistance eventually expire. Those who survive learn to react to the slow irritant. As a result, we have a constant increase of hardened, thickened, unelastic blood vessels, heart diseases, kidney diseases, lowered vitality, diverse environmental hypoplasias, and, above all, nervous disturbances of all kinds unmistakably growing with the steady increase of brain work and stress of modern life.

Institutions for various diseases are multiplying rapidly, so that in the near future we may expect to find this world an enormous asylum filled with deformed, sick, exhausted, nervous or insane individuals—irrespective of whether confined or at large.

VII.

Plainly then, the conclusion is—that the world has not been getting sufficient rest for thousands of years; that, as a result, we have disease, either as distinct entities or general morbid tendencies, spread widely and increase constantly; that these have about reached the climax through the fact that the primitive form of rest is still persisting while the stress of life is steadily increasing in intensity; that the above must be remedied by increasing the amount and improving the conditions of rest—this can be best accomplished by wide educational campaign and consequent legislation; that it is the duty of the medical profession, as guardian of public health, in particular, and the scientific world in general, to commence to work on these measures at once so as to check the enormity of the aspect which the complicated problem has assumed already.

THE HIPPOCRATIC OATH.

I SWEAR by Apollo the physician and Esculapius, and Hygeia, and All-heal, and all the gods and goddesses, that, according to my ability and judgment, I will keep this Oath and this stipulation—to reckon him who taught me this art equally dear to me as my parents, to share my substance with him, and relieve his necessities if required; to look upon his offspring in the same footing as my own brothers, and to teach them this art, if they shall wish to learn it, without fee or stipulation; and that by precept, lecture and every other mode of instruction, I will impart a knowledge of the Art to my own sons, and those of my teachers, and to disciples bound by a stipulation and oath according to the law of medicine, but to none others. I will follow that system of regimen which, according to my ability and judgment, I consider for the benefit of my patients, and abstain from whatever is deleterious and mischievous. I will give no deadly medicine to anyone, if asked, nor suggest any such counsel; and in like manner I will not give to a woman any means to produce abortion. With purity and with holiness I will pass my life and practice my Art. Into whatever houses I enter I will go into them for the benefit of the sick, and will abstain from every voluntary act of mischief and corruption; and further, from the seduction of females or males, of freemen and slaves. Whatever, in connection with my professional practice, or not in connection with it, I see or hear, in the life of men, which ought not to be spoken of abroad, I will not divulge, as reckoning that all such should be kept secret. Whilst I continue to keep this Oath unviolated, may it be granted to me to enjoy life and the practice of the art, respected by all men, in all times. But should I trespass and violate this Oath, may the reverse be my lot.

PUBLIC HEALTH AND THE PRESS: FROM THE HEALTH OFFICER'S STANDPOINT.

By the Editor of The Gazette.

An address delivered at a meeting of Health Officers.

The average citizen gets all kinds of circulars with every mail—asking him to vote for Jones, to try Brown's tooth powder, to help support a maiden ladies' home for ill-treated cats; all these he is likely to throw into the waste basket unread and unappreciated. But should he come upon the same matter in the columns of his morning newspaper, he will assimilate it with due interest and respect; and this is true also of weeklies, magazines and like literature. It is logical, therefore, that the journalist who is willing to disseminate public health information should prove an indispensable ally of the health officer in the maintenance of the communal health. To me is assigned the consideration of how this salutary alliance may be established and improved.

In the first place, everyone will upon reflection agree that the most important of all public work is the preservation of the public health; wherefore news concerning such work should be fully presented and well headlined in the press. Especially will the editor be anxious to have such news correct; and generally one finds it so in the newspapers. The average editor, in fact, gets all the statements in his columns as precise as is humanly possible, if for no other reason than that his esteemed contemporaries would make life infinitely dreary for him, if this were not so. I think that the information offered concerning the public health in most newspapers is safe and sane. In the large cities, I have no doubt, medical men are retained to vise such matter, to the end that it shall be without error. But I imagine all the seven hundred newspapers in this State cannot afford such Olympian luxury, so that from time to time some fairly heavy breaks on medical subjects appear. And I submit that one advantage in a cordial co-operation between the health officer and the newspaper man would be the elimination of such error; the former could when asked, review the journalist's copy, correct any mistakes natural to the unprofessional mind; on the other hand, the health officer could oftentimes get printed matters of vital importance to the community.

In my experience such an alliance has been altogether wholesome. During my work as a coroner's physician I was nearly every day asked for information by newspaper men. I was always able to differentiate between matters the public should know, and the strictly private matters which inevitably came within my ken; and I never from first to last had any difficulty in making the journalist grasp the difference, and in getting him to make public only such information as was intended to be such. This was fifteen years ago; and pretty much the only agreeable recollection I have of that work is of my relations with newspaper men.

I would here counsel the medical health officer, in his alliance for the public weal with the newspaper man, either to prepare a rough draft of his observations, or to write a paper—something short and crisp, detailing the medical facts he wishes to impart; leaving to his newspaper confreré the business of transforming it into good newspaper copy. In such presentations the health officer should acquire the knack of translating medical terms into such as can be understood by the man on the street and the woman at the cooking stove—the sort of people for whom the information is intended.

This is a knack not usually to be acquired without some practice; which the health officer should be willing to undertake by reason of the large salaries that are assured them. No layman will know, for example, what is meant by acute anterior poliomyeli-

tis; but he will understand what infantile paralysis means. To write that someone died of asthenia de senectute would suggest to the layman that one of the new-fangled diseases doctors are always inventing had done the business; it were better to write that it was just old age took off the victim.

And why should not the health officer prepare a weekly letter or article on public health conditions peculiar to his locality. This should make excellent and most interesting copy, which the editor would no doubt welcome cordially. There could certainly be no matter of more vital interest to the community. Here, as in all phases of the communal welfare the Health Department of our State stands ready to furnish whatever scientific material would be needed for incorporation in such articles.

And may I now address especially the newspaper man.

There is one aspect in which the health officer-journalist alliance would be of enormous public benefit; and that is, education regarding the general nature of infection. There should be clear explanation that not all infections are uniformly deadly, nor all transmitted in one way, that whilst some infections are most serious, others are comparatively innocuous. The public here sadly needs discriminative knowledge. There is a vast amount of occasionless, inhuman and indeed pitiable pathophobia or senseless fear of disease abroad; such as one sees from time to time in the savage attitude of people toward the consumptive, who is absolutely harmless, so long as his sputum is properly disposed of. Such ignoble pathophobia makes itself obvious in fanatic objection to dispensaries and hospitals for consumptives, which institutions are absolutely the community's best safeguard against this disease.

No editor indeed could be more beneficently engaged than in the dissemination of right information upon matters concerning the public health. Here, as in life generally, the things that are to be feared are those which are not comprehended; and here, as elsewhere in life, terror almost invariably disappears in the presence of knowledge. The citizen who is made to understand the dangers, the sources and the nature of such diseases as are inimical to the body politic, will come not to fear them, and then he will the more readily do his part in the rational prophylaxis against them.

And such education is especially essential to the progress of public health work in our American communities, because, under our republican form of government no laws, sanitary or otherwise, can get themselves adequately enforced without the backing of public opinion. We have thus got to create a sound and rational public opinion, for the furtherance of our public health work; and to this end the local health officer and journalist, with the ever-ready help of the State Department of Health, should earnestly address themselves. And such endeavor cannot but potently interest the citizen, immediately he comprehends that it has to do with matters intimately affecting his very life and that of his family, and the preservation of his home.

While on this phase of my subject, I venture to note that both the practicing physician and the health officer are in no slight degree hampered in their work, by reason that many journals (not nearly so many as formerly, however), print advertisements of manifestly misleading and baneful character; it is odd, indeed, that such advertisements have especially been favored by professedly religious journals, which should have the highest regard of all for the truth. Such advertisements have been particularly unfortunate and frequently of fatal effect upon the poor consumptive. A specimen of this kind has been "Kochine," a bogus concoction, in connection with which the name of the great father of preventive medicine was most perniciously exploited. Many remedies, alleged to be alcohol free (which the most of them certainly are not) are advertised as recommended by statesmen and clergymen. In view of the fact that alcoholism is a most potent predisposition to consumption, such advertisements as the following cannot be too strongly reprehended: Blank's Malt Whiskey. (An endorsing clergyman's picture). "Cures coughs, colds, most forms of grippe, consumption, bronchitis, pneumonia, catarrhs, dyspepsia and all kinds of stomach troubles," etc.

Indeed, no greater benefit was ever done both the cause of the public health and sound journalism, than in Samuel Hopkins Adams' divulgence of The Great American Fraud, in which such wickedness is pilloried.

Finally, I want to quote from a paper

by Dr. L. L. Lumsden, of the United States and Public Health and Marine Hospital Service:

"In some instances the attempt may be made to conceal the facts about health conditions in a city for fear that if the conditions become known the business interests will be injured. It is just about as easy for a community to succeed in such concealment as it is for a man to conceal the fact that he has a broken leg, by making efforts to run. The tactics are bad and the results usually disastrous. It certainly seems more in accordance with sound business principles for a city to know its health conditions, to improve them, and then to use the improved conditions as a basis for legitimate advertising."

It is thus evident that there can be no more beneficent outcome of an alliance between the health officer and the newspaper man, than the mutual pursuing of an absolutely honest course, whenever a grievous epidemic has unhappily come upon a community. Here no concealment should be countenanced, no matter what pressure may be brought to bear by the local boss or the vested interest; and here the press should hold up the health officer's hands in manner unmistakable by the most obtuse, or the most selfish unit in the body politic.

THE AUTOBIOGRAPHY OF AN OYSTER.

I AM born without jaws or teeth; but I've got fine muscles, liver and a heart. In each year of my life I produce 1,200,000 eggs; each of my children is 1-120th of an inch in length; so, 2,000,000 little ones can be crowded into a space of one cubic inch.

I am ready for the table in from one to five years after birth. You will never find me in cold parts of the world. I dislike cold. In Ceylon I sometimes grow to a foot in length. One of me there makes a stew, when I am half a foot broad. I am not of much account in England, unless I am imported there from America. It makes me very sad to think of fetching up in the Strand—I, who was discussed by Tiberius and Julius. I have been the cause of much bloodshed. Men fight fierce battles for me all along the American coast, the Italian, and the coasts of Kent and Essex.

If you eat me raw you are not at all likely to regret it, for I am in a raw state very nutritious and easily digested. As a fry I am inclined to be uninteresting and heavy. So few know how to fry me. I am about the only animate thing that can be eaten with impunity in a raw state. Parasites cannot exist in me as they can in chops and steaks and fruits. I am a pretty good friend to man. And to women. Look at the pearls I've given her. Thackeray has compared me in a raw state to a new baby. Yet I never kept him awake nights.

I'm not half bad in a stew; but as a roast in the shell all the poetry in me comes out. Then I sizzle with emotion, in butter, red pepper and a little sauce. The clam is like the driver of a hansom cab then—not in it with me. The clam! That commonplace fellow! I avoid him as much as possible. I am not a snob, nor yet a cad, but I really must not be expected to fraternize with the clam, nor can I discuss him. The line must be drawn. He's not in the Four Hundred. Well, *I am.*

Psychology, of which Dr. Hall is so illustrious an exponent, was unknown to the ancients and the mediævalists; but that they had some prescience of symptoms such as now are denoted as psychological is impossible of contradiction. Ovid portrayed admirably the psychism of a lover. Propertius, with wonderful perspicacity, defined "loving as a kind of fearing"; which is precisely the condition of the modern Hibernian who is "all of a thrimble" when he goes to make love. Men are said to be nervous when about to propose; this is just a euphemism for being afraid—as they well might be in these circumstances. Petrarch said love made him freeze in summer and fry in winter—a sentiment in which all masculinity will bear him out.

RURAL SANITATION.

SEWAGE AND FERTILIZER.

One of the most important problems in modern sanitation has to do with the disposal of city waste. At the request of the sewage disposal commission of one of our largest American cities reports were prepared by our consuls to various European cities. Reports from London, Berlin and Paris were not asked for. The chief American civic problem is how to purify sewage before discharging it into rivers or other convenient bodies of water; and methods, both economic and efficient, of purification to meet the peculiar requirements of given cities were sought. The aid our consuls have given are here epitomized:

England.

In Birmingham, England, the household wastes and street washings flow through the same sewers, with which latter more than half the houses in the city are connected. The sewerage is first run into settling tanks and then treated on biological filters. The sewage is treated biologically, rendered inodorous and afterward dried on drying beds.

In Bradford (population 288,000) household wastes and street washings are run into the same sewers; the sewage is purified by chemical precipitation and filtration. The sludge is filter-pressed for the extraction of wool grease, the yearly value of which approximates $250,000. Part of the press cake is sold as manure to farmers at 74 cents a long ton (thus meeting some of the cost of purification), and part is used as fuel. The first method of sewage purification was filtration through peat. Later lime purification, followed by filtration through coke was tried; which method also failed. The street sweepings are tipped into vacant land; house garbage and ashes are part tipped and part burned.

Liverpool discharges nine-tenths of its sewage into the Mersey without any kind of treatment. The remainder is treated on the West Derby and Walton sewage farms, by broad irrigation without chemical treatment, but assisted by bacterial and storm-water beds. The West Derby farm has an area of 207 acres, and receives the sewage of 56,000 inhabitants; that of Walton has an area of 183 acres and receives the sewage of about 62,000 people. The crops on both farms consist chiefly of rye grass, cabbages, potatoes, mangel-wurzels and beets.

The Sheffield sewage, until 1886, flowed untreated into the surrounding rivers and water courses. A main sewage scheme was then completed, at a cost of $750,000, and the construction of sewage disposal (lime precipitation) works brought the total up to nearly a million. It was designed to treat a daily flow of ten million gallons of sewage, but for several years seventeen millions have been dealt with, whilst the population since 1886 has increased from 304,720 to 470,000; and the introduction of the water-carriage system, the extension of the drainage area and the increased requirements have necessitated improved methods of treatment in addition to increased capacity. After exhaustive experiments a continuous-flow settling tanks and contact beds scheme was decided on; this is now partly in operation and cost $1,350,000; in addition the city has bought lands for the present works and future extensions at a cost of $430,000. The principal features of the scheme include a new main valve chamber into which a five foot barrel sewer discharges, and also a seven-foot duplicate sewer. A storm water overflow arranges to discharge the excess flow above 64,500,000 gallons per day to a storm-water conduit fixed in the chamber. A large penstock, with openings five by twelve feet, admits the sewage to a conduit twelve feet wide, which conveys it to the catch pits. Two pairs of catch pits, 42 feet long, 29 feet wide and 13 feet deep, are fitted with new screens, which extend the whole length of the pits and are cleaned by hand rakes. The catch pits are in the form of a double hopper and retain the heavier grit, garbage and larger objects. Each pair is fitted with endless chain bucket elevators for cleansing

purposes. Two additional catch pits, about twice the size of the older ones, have been added, and fitted with mechanical screens and an electrically driven travelling bucket dredge. The sewage passes from the catch basins through branch and main conduits 12, 16 and 20 feet wide, built in brick and covered with girders and concrete to the settling tanks. The complete scheme includes seventeen continuous-flow settling tanks, now in operation and each holding about one million gallons. Sixty contact beds, each of half an acre and sixteen storm beds of like design but twice the size are being constructed. The works will provide for the treatment of 64,000,000 gallons of sewage daily, and will be one of the largest of its kind. And Sheffield has two extensive garbage destructors, the refuse destroyed in 1912 and 1913 amounting to 42,898 and 33,805 tons respectively at a cost of $28,760 and $21,450. Dumping 35,663 tons of garbage by railway transportation cost in addition $20,435. A plant for converting dirt refuse into fertilizer recovered 82 tons in 1913, and the municipality profited $600 by its sale. There is also a can-bundling plant that handles 300 to 400 tons of used cans the year.

Ireland.

Belfast employs the single-sewer system. At one time all sewers emptied into the Lagan; but sedimentation tanks are now used, and the purification effluent is stored in pond until high tide, when the discharge commences. The sewage is pumped into a ferro-concrete loading tank, whence it is discharged into a steamship and carried out to sea—the most economical plan, in the opinion of the city fathers, for a city situated by the seashore. A refuse destructor having twelve cells, each with a capacity of ten tons per 24 hours, has been constructed. An incinerator furnace has been added, wherein are consumed all infected articles, typhoid excretes, diseased carcasses, fish offal and other objectional material. Unobjectionable matter is either used to fill up hollow ground or sold for manure.

Scotland.

Glasgow uses the single-sewer system: the sewage is purified by chemical precipitation; a portion is filtered. A portion of the sludge is filter-pressed; the bulk of it is sent to sea. Part of the street sweepings, garbage and ashes is "destructed"; part is sold.

Germany.

Bremen (172,000 population) depends chiefly on the Tremmuy (divided) sewerage system in which the sewer has two parts: the upper and larger for street washings; the lower for household wastes. The street washings are emptied directly into the river; the sewage is mechanically cleaned. An experimental plant for further purification has recently been put in operation. Street sweepings are dumped. Garbage and ashes are burned in the municipal garbage-burning plant. The present garbage-burning plant was constructed in 1907, and has been satisfactory in every respect. Not only is the city's garbage disposed of in a sanitary manner, but incidentally a fine quality of sand is produced, and the heat evolved from the burning garbage is converted into electricity. The slag is reduced by crushing to various grades of sand that have made excellent brick and other building material.

Düsseldorf (population 400,000) carries off her household wastes and street washings in the same sewers. The sewage is purified in a Fein-Rechenaulage (fine raking plant) and the sludge is sold to farmers. Street sweepings, garbage and ashes are now carted; but a plant for burning such refuse is contemplated, and it is planned to use the waste of this plant in making artificial stone, fertilizer and so on.

Brunswick disposes of her household wastes and street washings in the same sewers, and the sewage is treated on a sewage farm (Rieselfeld), about four miles from the city, costing $644,504 and comprising 1,150 acres; 579 acres of this farm are laid out in beds for raising vegetables and 308 are used for raising grass. The results are said to be better than for any other German city, especially Berlin; and the success is attributed to the fact that the water is drained off by underground pipes. Berlin has shown that underground drainage is absolutely necessary; otherwise the soil becomes matted and foul. The Brunswick farm vegetables are of remarkable size, the

cabbage heads especially, but the quality is inferior; and when cooked the vegetables reveal by odor and taste the excremental nature of the fertilizer. Consequently they are consumed only by the poor.

Hamburg (population 1,000,000) is on the Elbe, where the tidal ebb and flow amounts to 6.56 feet and where conditions are such that the current of the river itself is disregarded as an influence in the matter of sewage disposal. Household wastes and street washings flow into the same sewers. The contents of the main sewer, before being discharged into the Elbe, pass through collecting basins in which swinging dredges continually remove solid and floating material, which barges then transfer to a low-lying island in the river, the level of which is being slowly raised. The waste water then flows into the river through their final discharging pipes. The tides occasion a steady circulation of fresh water and a continual churning of the refuse, which facilitate its destruction. No general attempt is made to sterilize sewage at Hamburg. Garbage and ashes are cart-collected and incinerated.

France.

Rheims (115,000 population) has her kitchen sinks in the modern buildings connected with the sewers, and in about two hundred buildings the water-closets are also connected. A private company does the work. Before 1885 chemical purification was attempted, but with failure. The street sweepings, garbage and ashes are removed by private contractors to whom the city pays some $15,000 annually. After sorting, this refuse is sold for fertilizer. The authorities may change this method of utilizing the street sweepings.

The Commune of Villeurbanne, near Lyons, burns its refuse and makes bricks of the residue. This has been a private enterprise, but the municipality has arranged to purchase the crematory, which is a model plant, and has annexed to it a brick pressing plant. The furnaces serves not only to burn the refuse but also to operate by steam the various machines in the factory. The residue from the furnace is first carried through a series of heavy rollers, after which it is delivered in the form of a fine powder in a mixing trough. Here it is mechanically mixed with a heavy lime (80 per cent. of residue to 20 per cent. lime). This mixture is emptied into another, larger trough by a system of buckets operated on a chain, where the proper amount of water is added, and the material is then fed to a brick pressing machine of English manufacture, capable of turning out 20,000 bricks the day. After a month the drying is complete but the bricks are not as a rule used for sixty days from the time of leaving the press. The only kind of refuse not used in the manufacture are empty cans, metal barrel hoops and like waste that may easily be sold as scrap metal.

Austria.

Prague (population 575,000) conducts its sewage through four large sewers to a cleaning plant in a suburb. The sewage is first passed through a system of screens, which catch the coarser materials; the balance then passes along and is distributed in ten basins (285x18x9 feet) where the solid substance settles to the bottom—about 163 cubic yards of it each day. The thinner sediment is conducted onto an island, where it flows into trenches, the sediment from which, during the winter months, is taken in closed tanks on open boats to a point down the River Moldan, where it is again placed in open trenches to evaporate and then to be sold as fertilizer. After removing all the solid substances the water remaining runs into the river. Kitchen sinks and water-closets are connected with the sewers, into which flow also the street washings. Practically the whole city has sewers for household waste; nor has there been any other method of treatment; Street sweepings, garbage and ashes are hauled to depositories in the suburbs and sold to farmers.

Russia.

Moscow (population 1,580,000) is about forty per cent. provided with sewers for household waste. A separate system of canalization carries off the street washings. The sewage is filtered on sewage fields and part of it is subjected to biological treatment on the city station. The sewage fields are giving very good results. The waters, after passing several filters, are used to irrigate plantations of cabbage and other vegetables, which find a ready sale in the city. Moscow is still experimenting with the biological purification of the sewage.

Odessa (population 520,000) uses its sewage largely on irrigation fields, where it gives excellent results. Good crops of vegetables and fair crops of wheat are obtained. The street sweepings, garbage and ashes are dumped outside the city, although a small portion is "destructed."

DAN'S WIFE.

Up in early morning light,
Sweeping, dusting, "setting right,"
Oiling all the household springs,
Sewing buttons, tying strings,
Telling Bridget what to do,
Mending rips in Johnny's shoe,
Running up and down the stair,
Tying baby in her chair,
Cutting meat and spreading bread,
Dishing out so much per head,
Eating as she can by chance,
Giving husband kindly glance;
Toiling, working, busy life—
  Smart woman,
  Dan's wife.

Dan comes home at fall of night,
Home so cheerful, neat, and bright;
Children meet him at the door,
Pull him in and look him o'er;
Wife asks how the work has gone.
"Busy times with us at home!"
Supper done, Dan reads with ease—
Happy Dan, but one to please!
Children must be put to bed—
All the little prayers are said;
Little shoes are placed in rows,
Bedclothes tucked o'er little toes;
Busy, noisy, wearing life—
  Tired woman,
  Dan's wife.

Dan reads on and falls asleep—
See the woman softly creep;
Baby rests at last, poor dear,
Not a word her heart to cheer;
Mending-basket full to top,
Stockings, shirt, and little frock;
Tired eyes and weary brain,
Side with darting, ugly pain;
"Never mind, 't will pass away,"
She must work, but never play;
Closed piano, unused books,
Done the walks to easy nooks,
Brightness faded out of life—
  Saddened woman,
  Dan's wife.

Upstairs, tossing to and fro,
Fever holds the woman low;
Children wander free to play
When and where they will to-day;
Bridget loiters—dinner's cold,
Dan looks anxious, cross, and old;
Household screws are out of place,
Lacking one dear, patient face;
Steady hands, so weak but true,
Hands that knew just what to do,
Never knowing rest or play,
Folded now—and laid away;
Work of six in one short life—
  Shattered woman,
  Dan's wife.

Mrs. Kate Tannatt Woods in *Brain and Brawn.*

PERHAPS!

When cows fall ill the government proceeds to take alarm
And sends a veterinarian to sanitate the farm.
The cow herself is put to bed and plied with drugs and pills,
And Uncle Sam comes forward, when she's cured, to pay the bills.
But when a baby falls in need of medicine and care
The government contends that that is none of its affair.
When pigs and lambs are threatened by a deadly pestilence
Their tender lives are guarded at the government's expense.
They're coddled, nursed and dieted until they're well and fat,
And never reckon of the cost—for Uncle Sam pays that.
But when an epidemic marks the babies for its own,
The government, untroubled, lets them fight it out alone.
Some day, perhaps, when all the pork has lavishly been passed,
When every scrap of patronage is handed out at last,
When all our noble congressmen have got all they desire,
And have attained whatever heights to which they may aspire—
To unknown heights of common sense the government will leap,
And do as much for mothers as it does for cows and sheep.

—Chicago *Examiner.*

THE LEISURE HOUR.

HISTORY, PHILOSOPHY, FICTION, HUMOR, SATIRE, POETRY.

LEISURE HOUR WAS FOUNDED IN THE BELIEF THAT THE PHYSICIAN IS BUT HUMAN; THAT HE LOVES THE BEAUTIFUL IN THOUGHT AND SENTIMENT AS EXPRESSED IN LITERATURE, AND THAT HE IS AT TIMES SURFEITED WITH TECHNICAL MATTER. SHORT, CRISP CONTRIBUTIONS ON ANY OF THE SUBJECTS NAMED IN THE SUB-HEADING ARE INVITED TO THIS DEPARTMENT.

DREAMERS AND DREAMLAND.

BY CHARLES W. SUPER, PH.D. Athens, Ohio.

DREAMS, dreamers, and the realm of dreams have attracted the attention of men almost from the dawn of history. But it is only within the last two or three score of years that the subject has been dealt with by physicians and scientists who have tried to formulate a law or laws according to which dreaming takes place. One of the latest, perhaps the latest work on the subject, is The World of Dreams by that indefatigable writer of books, Havelock Ellis. One needs but to glance at the list of authors, articles, and volumes cited by him to be convinced that for the last few years there has been a great deal of activity in the study of this class of psychic phenomena. According to Ellis, Maine de Biran, about a century ago, was the first to give the subject serious attention and Maury in his Le Sommeil at les Rêves inaugurated the method of investigation now current. Many years ago I had in my hands a small volume by McNish entitled Sleep and Dreams which I think must have been published in the forties or earlier. Whether it has any scientific value I am unable to tell as it is not at present within my reach.

Probably the earliest record of elaborate and significant dreams is found in the Book of Genesis. They are referred to, along with visions, scores of times in the Bible. As, however, we have no means of determining the age of the earliest of these documents they are interesting only as evidence of the importance attached to them and the belief that a supernatural power was wont to manifest itself in this way through its chosen instruments. In the Homeric poems we find dreams regarded from exactly the same point of view. There is no difference between monotheists and polytheists. They were sent by some god either for the purpose of communicating their wishes to mortals or with the object of foretelling some future event. In the second Book of the Iliad Zeus is troubled in mind about the affairs of the two armies on the plain of Troy, and is trying to devise some means of compassing the death of as many Greeks as possible. So he addresses Baleful Dream and sends him with a false promise to the commander of the host to urge him to make an onslaught upon the enemy. When Dream comes to the tent of Agamemnon he finds him sleeping and chides him for his failure to measure up to his responsibility. In the Odyssey when the hero arrives in the nether world and finds his mother, he says to her: "Mother mine, wherefore dost thou not abide me who am eager to clasp thee, that even in Hades we twain may cast our arms each about the other and have our fill of chill lament." His mother answers: "On this wise it is with mortals when they die. For the sinews no more bind together the flesh and the bones, but the great force of the fire abolishes these so soon as the life hath left the white bones, and the spirit like a dream flies forth and hovers near." At another place in the same poem, we find the case put a little differently. "And even as bats flit gibbering in the secret place of a wondrous cave, when one has fallen down out of the rock from the cluster, and they cling to each up aloft, even so the souls

gibbered as they fared forth together, and Hermes the helper, led them down the dark ways. Past the stream of Oceanus and the White Rock, past the gates of the sun they sped and the land of dreams, and soon they came to the mead of Asphodel, where dwell the souls, the phantoms of men outworn." Elsewhere Penelope relates how in a dream an eagle came from the mountain and slew all her favorite geese, but afterward assured her in a human voice: "This is not a dream, but a true vision that shall be accomplished for thee." She continues: "Verily, dreams are hard and hard to be discerned; nor are all things therein fulfilled for men. Twain are the gates of shadowy dreams, the one is fashioned of horn and one of ivory. Such dreams as pass through the portals of sawn ivory are deceitful, and bear tidings that are unfulfilled. But the dreams that come forth through the gates of polished horn bring a true issue, whosoever of mortals beholds them." Probably the poet had a fairly distinct idea of what his lines mean, but certainly no one else.

There is one important fact to be kept in mind when we are studying the dreams of the ancients as they are reported to us. It is often said that Socrates was the first man in the world to ask himself, Who am I? Whence do I come? What are my duties? This is perhaps too strong a statement; but there is no doubt that the ancients envisaged their thoughts as external entities, as the voice of some external being. They had no conception of the ego; at any rate there is very little evidence to that effect. In this regard they were in the same case with children who often call themselves by their own name instead of saying "I." Even Socrates had not quite reached the status of the modern scientist. He often mistook what we call *conscience* for a divine voice. In his last hours a voice called to him in a dream and laid upon him an obligation. He did not at all times distinguish among his mental processes much as he was given to discussion. The appearance of self-consciousness as it first comes to the surface in the history of the human race is an interesting study. That Socrates had a conscience without being aware of it is the only rational explanation of his *daemon* about which so much has been written in the history of Greek thought. Freud's theory that all dreams fall into the group of wish-dreams does not hold good in my case in the least degree. Equally fantastic, it seems to me, and equally baseless is his correlative dictum that we only dream of things worth while. Nor are my dreams even remotely connected with my wakeful mental activities. During most of my life I have been a diligent reader of ancient history. Yet I can not recall that I ever met any of the worthier of the olden time although some of them such as Plato, and Aristotle are in my thoughts a great deal. Hardly a day has passed in the last forty years in which I have not read some pages of a language other than English. Often when not reading I write or think in German, Latin or French. But I do not recall that any one has ever spoken to me in a dream in any other tongue than my vernacular. As I am here testifying only of what I know at first hand I am constrained to confess that all my efforts to explain even one of my dreams in a hundred have been futile. My waking states and mental activities have hardly an appreciable influence upon them. Dreamland is for me a domain in which I have not been able to find an intelligent guide, or in fact any guide at all. I almost always wonder aimlessly amid scenes that have only a faint resemblance to those of my waking life, or none at all. The few persons I have seen from time to time have been ordinary mortals and not fantastic creatures, but I do not often recognize anybody. Most landscapes are earthly, but they too are almost always strange, at least far oftener than familiar. Ellis reports that aviation is a common mode of locomotion in dreams. This was my experience for a number of years, but I do not think it has been repeated during the last decade. When I flew I simply used my arms and hands as wings, and soon became weary. When I had occasion to fly across a valley or body of water I always wondered whether I could accomplish the feat. When deliberating the matter and the result seemed doubtful I usually woke up. As my habits of life have not been changed I can not account for this cessation. My experience has been similar with clothes. Often when I found myself in a room full of people I would suddenly notice that I had no shoes on my feet, or that my suspenders were unbuttoned, or that I had no pantaloons, or no coat on, or that some other part of my garb was missing, or out of place. As no one else seemed to notice my embarrassment I usually tried to slip quietly into a

corner or to one side in order to adjust matters but always failed. In my embarrassment I usually woke up. One might suppose that the contact of the bed-clothes with the body would produce dreams in some way connected with the clothing one is wont to wear during his waking hours. Albeit, this explanation will not hold unless such dreams are very frequent with the same person and common among men in general. In my case the personal equation counts for little as I am not fastidious in matters of dress, in fact am rather indifferent about my wearing apparel. In my dreams I have rarely had any pleasurable sensations; almost always quite the reverse. When I was flying I felt a sort of elation at possessing such a mysterious power, but it was in a large measure counterbalanced by the reflection that I was constantly liable to fall. I have often dreamed that I was shot. When the bullet struck me I awoke. When I dreamed that I was falling I woke up when I alighted. I have also dreamed a number of times that I was on the summit of a high hill of which the sides were so steep that it was dangerous for me to descend. Ellis has reached the conclusion, from a summing up of such evidence as he has collected that "if we pierce below the surface we seem to reach a fundamental psychic stage in which the dreamer, the madman, the child and the savage alike have their starting point, and possess a degree of community from which the waking, civilized, sane adult of to-day is shut out, so that he can only comprehend it by an intellectual effort. It thus happens that the ways of thinking and feeling of the child and the savage and the lunatic each furnish a road by which we may reach a psychic world which is essentially that of the dreamer." Perhaps the most marked characteristic of dream-life is its resemblance to delirium. Hughlings Jackson has even gone so far as to say that if you "find out all about dreams and you will have found out all about insanity." While this statement may be somewhat strong there is little doubt that dreams and many states of disordered minds have a great deal in common. It is, however, extremely probable that all efforts to reduce this world of chaos into even a semblance of order will forever remain futile.

A PEACE HYMN.

By Rabbi H. Pereira Mendes, New York.

Father enthroned on high!
Humbly Thy children cry
  Send peace on earth!
May peace, prosperity
Fill earth from sea to sea,
May mankind bend the knee
  In fear of Thee!

May earth no more rehearse
War's song of crime and curse,
  O make war cease!
Death-tube and shrieking shell
Sound for brave men the knell,
Widows the chorus swell—
  "God! Send us peace!"

May mankind's psalm of life
Be peace instead of strife,
  Filling all earth!
Look down from Heav'n and bless
Earth with Thy righteousness,
Then reign of happiness
  Shall have its birth!

To the recipe for long life which Dr. Eliot contributes on his eightieth birthday—day to be marked with a red stone—might be added the adoption of a secure and not too arduous path through life. Moderate eating, seven hours sleep, regular exercise and enjoyment without excess are excellent aids to long living; but work which does not make too strenuous demands in the present and the absence of anxieties for the dim future take at least equal rank. The worry of to-day and the care for to-morrow are daily companions that wrinkle the brow and harden the arteries of the ordinary man of 1914 whose path does not lead through the "cool, sequestered vale of life."

TRAVELOGUES.

THE value of life deepens incalculably with the privileges of travel.—*N. P. Willis.*

Travel gives a character of experience to our knowledge and brings the figures upon the tablet of memory into strong relief.—*Tuckerman.*

Much I long to view the capital cities of the world. The mountains, the great cities and the sea are each era in the life of youth. —*Bailey.*

The use of travel is to regulate imagination by reality and instead of thinking how things may be, to see them as they are.—*Dr. Johnston.*

Travel draws the grossness off the understanding and renders active the industrious spirits.—*Beaumont and Fletcher.*

Travel teaches toleration.—*Disraeli.*

According as each of them returned from distant parts they had marvelous tales to tell.—*Travelers' Tales.*

Peregrination charms our senses with such unspeakable variety that some count him unhappy who has not traveled.—*Burton.*

Ancient travelers guessed. Modern travelers measure.—*Dr. Johnston.*

Travel, in the younger sort, is a part of education; in the elder a part of experience.—*Bacon.*

Voyage, travel and change of place imparts vigor.—*Seneca.*

To see the world is to judge the judges. —*Joubert.*

Travel is fatal to prejudice.—*Mark Twain.*

Travel makes all men countrymen, makes people noblemen and kings. And every man tasting of liberty and dominion. —*Alcott.*

When any one goes on his travels he has something to recount.—*Clondias.*

Travel is to learn character.—*Pordo.*

He who never leaves his own country is full of prejudices.—*Carlo Goldoni.*

Though sluggards deem it but foolish chase,
And marvel men should quit their easy chair,
The toilsome way, and long, long leagues to trace.
Oh, there is sweetness in mountain air,
And life, that bloated ease can never hope to share. —*Byron.*

Travel—the useful science of the world to know,
Which books can never teach nor pedants show. —*Lord Lyttleton.*

Rather see the wonders of the world abroad,
Than, living dully sluggardized at home,
Wear out thy youth with shapeless idleness.
—*Shakespeare.*

Let him spend his time no more at home,
Which would be great impeachment of his Age,
In having known no travel in his youth.
—*Shakespeare.*

Nothing tends so much to enlarge the mind as traveling.—*Dr. Watts.*

The bee, though it finds every rose has a thorn,
Comes back loaded with honey from his rambles,
And why should not other tourists do the same. —*Haliburton.*

FOR me the upland road,
The gypsy wayfaring,
And for a goad
The buoyancy of Spring!

There shall be cowslip lures
In hollows dim and deep;
Over the moors
The great hill-winds shall sweep.

The feathery fern, the cress,
Balsams that attars shed,
All these shall bless
The climbing path I tread.

So, till the night's white stars
Burn in their blue abode,
Bound by no bars,
For me the upland road!

—CLINTON SCOLLARD.

LEST WE FORGET.

THEY are now fighting the greatest war in history. *Pari passu,* what is probably the greatest peace achievement since the dawn of civilization, The Panama Canal, will presently be ready for the world's commerce. It were advertent to consider how and only how this latter epic work was made possible of achievement.

It was one of the finest inspirations of Keats—surprised Balboa viewing the Pacific from a peak of Darien. And that prescient explorer is said to have conceived what has now been accomplished. Even in Balboa's lifetime was the Isthmus Spain's commercial gateway; through which passed most of the gold and silver Pizarro's men got from the Incas; pearls from the Islands; gold from the Central American and Mexican coasts. Balboa's father-in-law, d'Avila, founded Panama, which was some miles from the site of the present city: and this stronghold rivalled the mother country in its splendors. Extraordinary opulence there was; and the life was of almost Asiatic luxury.

Panama was indeed too rich a prize for Morgan and his buccaneers to disregard; and they did for d'Avila's city in 1671. Then began the gruesome era which was ended only by our American sanitary authorities; the era Robert Louis and James Payn revelled in; when Yellow Jack was the undertaker and Davy Jones' locker the grave yard: when

"Ten men sat on a dead man's chest,
Ho, ho, ho and a bottle of rum."

Old Morgan's job was so thoroughly done that the site of Panama was, until deLesseps, overgrown by a dense and most pestilent tropical forest. Humboldt visited the Isthmus about 1800 and considered it must always be cursed by pestilence, which he understood to be caused by the decaying molluscs and marine plants on the beach at low tide, and by foul emanations (malaria) from over rank vegetation.

Why has Panama, among tropical regions, been since Balboa so peculiarly pestilent? Because the Isthmus has been the commercial point of crossing the Western Hemisphere; wherefore there have always come to it innumerable unacclimated European and other venturers, easy victims to the tropical infections.

It took deLesseps from 1881 to 1892 to develop his grandiose failure and there is space here only to quote Froude, who visited the Isthmus in 1885:

"In all the world there is not perhaps now concentrated in a single spot so much swindling and villainy, so much foul disease, such a hideous dung heap of moral and physical abomination, as in the scene of this far-famed undertaking of nineteenth century engineering. . . . . The scene of operations is a damp, tropical jungle, intensely hot, wet, feverish, swarming with mosquitoes, snakes, alligators, scorpions, and centipedes, the home, even as nature made it, of yellow fever, typhus, and dysentery; and now made immeasurably more deadly by the multitude of people who crowd thither." (Froude could certainly "sling" the English language.) After all apart from the dreadful peculation attendant on the French occupation, those brave men, so contemptuous of death, did perhaps as well as could have been done, considering that the discoveries of the transmission of those tropical infections had not yet been made. Their success was an absolute impossibility by reason of the disease conditions they had to contend with.

We Americans, however, came to the Isthmus in the full knowledge of those discoveries, in which Finlay, Reed, Lazear, Carroll, Agramonte and others played so illustrious a part. Came now Gorgas, to whom Colonel Magoon, the then military governor of the Zone, assured all the Government's resources in that region. With what result? The now Surgeon-General of our Army, and his associates, brought down the mortality in that erstwhile deadliest region on the footstool to a rate that is the despair of many American communities. In 1907, for example, Gorgas had in the Canal Zone a death rate lower than that of the City of New York, which is about the lowest, rural or urban, in civilization. And he has been saving life at the cost of $2.43 the individual; whilst his scheme of sanitation has cost just five per cent. of the total canal building expenditures.

Certain it is that vessels could not now be passing through the Canal had not devoted and zealous men, from Finlay to Gorgas, so magnificently and with so much altruism, suffering and martyrdom, led up to and applied the discoveries of medical science to the epic enterprise.

AMBIDEXTERITY.

THERE is said to be in England a society devoted to the use of the left hand equally with the right. Germany has also a movement for the cultivation of ambidexterity, an advocate to this end considering that whilst right handed people have the language centre in Broca's convolution which is in the left brain, those who are ambidextrous have two language centres, one for each hemisphere. The infant begins its life with two speech centres; but as the right hand is gradually trained and the left neglected, one speech centre becomes rudimentary. It is argued that by cultivation of the left hand the capacity of the right speech centre can be revived (so that people can talk twice as well—a consummation devoutly to be reprehended); and that intelligence can be broadened as ambidexterity increases the utility of a human being's hands.

Mr. J. Liberty Tadd, a writer on education, and an educator whose work is known on both sides of the Atlantic, would begin to make children either handed with the first kindergarten classes. The system of training which he advocates is said to be already comparatively common in England, France and Germany; it does not seem to have made as much progress in the United States, although it is being taught in nine schools in Philadelphia.

Nevertheless, Sir James Crichton Browne's belief that ambidexterity on the large scale is impossible and undesirable, is impressive: "It is by the superior skill of his right hand that man has gotten himself the victory," and to try to undo his dextral pre-eminence is just to fly in the face of evolution.

The brute creation is ambidextrous. All four feet being used for locomotion, there is no lateral differentiation of function. A cat plays with a mouse or strikes at an insect indifferently with either paw; a squirrel holds a nut impartially with both front paws. Even simians, which of all animals use the fore paws mostly as hands, there is ambidexterity, with no suggestion of preferential use of one or the other paw. In microcephalic idiots, when small headedness is due to arrested development, an ambidexterity has been found to reach a proportion as high as fifty per cent.

But as to the normal *genus homo*: our Bronze Age and Palæolithic Age ancestors were right handed. The earliest human beings of whom history or geology gives any evidence were right handed—a fact demonstrated in the art of Assyria, Egypt and Greece. All nations, tribes, peoples, have ever preferentially used not only one, but the same hand; nor can to-day any race be pointed out which is either handed or ambidextrous. (It has been averred that the Japanese are by law and practice ambidextrous; but Baron Komura is the authority that such a statement is without foundation.)

There is after all no voluntary selection in the matter, because righthandedness is established in anatomical configuration—in the structure and organization of the brain, which initiates, directs and controls purposive movements. The left brain presides over the right side of the body, and *vice versa;* and functional differences in the two hands are contingent in the two hemispheres, differences perhaps of weight, perhaps of blood supply, but assuredly of convolutional development.

Damage to Broca's convolution (by traumatism or disease) deprives the right handed man of speech, but leaves the left handed man with speech unimpaired; in the left handed man the contrary holds good. Moreover the hand and arm cerebral centres are intimately linked with the speech centres, and the logical inference would seem to be that the preferential use of the right arm and hand in involuntary movements are also due to the leading part taken by the left hemisphere.

We cannot get rid of right handedness; it has been woven in the brain, and to change the pattern the tissue must be unraveled. Ambidextral culture, useful enough in some few especially employed people must on a large scale tend to confusion; the attempt to make it universal "must involve the enlargement of our already overgrown lunatic asylums."

Dr. George M. Gould,[1] moreover, points out that righthandedness is fixed—and has so been from Xenophon to West Point—in all our military customs. From time immemorial the sinistral (the cardiac side) was protected by the shield in the shield hand, the left; whilst the dextral was the spear hand and has since become the sword or the gun hand. And righthandedness is as fixed in inevitable human custom: The fundamental condition of bartering was

[1] Righthandedness and Lefthandedness.—Lippincott's.

counting with the low numbers, one to ten; the fingers of the free, the dextral hand were of course first used, and all fingers are to-day called digits, as are the fingers themselves; and the basis of our numbering is the decimal of ten fingered system. The tally stick, notched or numbered, is the record of the digits held in the air.

But four per cent. of human kind are left handed; how have they become so? In primitive times potentates were rather fond of lopping off the right hand, or having the right eye gouged out of such of their subjects as happened to offend them. Dr. Gould considers this may account for the preservation of the present four per cent. of left handedness in the world.

Of course there are occupations in which a certain amount of ambidexterity is essential. For example, the pianist, in playing the fugues of Bach and of the old masters in music, must oftentimes produce with the left hand almost the same notes as with the right; and he has, moreover, to work a little harder (and just as rapidly) with his left, because the bass notes of the piano are more heavily wired than the treble. The surgeon must also, to some extent—but not much be ambidextrous; nevertheless even here are drawbacks as when a colleague thus skilled admitted he lost appreciable time wondering which hand he would use in a given manoeuvre.

In the profession of pugilism either handedness is also desirable (so it is stated).

It is claimed in favor of education in ambidexterity, that if a clerk (for example) should lose his right hand he would be thus handicapped in earning his livelihood; but in such very rare cases of righthanded mutilation education and practice will soon develop adequately the right brain centres, with lefthandedness naturally following.

A PRAYER OF THE PEOPLES.

By Percy MacKaye.

God of us, who kill our kind!
Master of this blood-tracked Mind
Which from wolf and Caliban
Staggers toward the star of Man—
Now, on Thy cathedral stair,
God, we cry to Thee in prayer!

Where our stifled anguish bleeds
Strangling through Thine organ reeds,
Where our voiceless songs suspire
From the corpses in Thy choir—
Through Thy charred and shattered nave,
God, we cry on Thee to save!

Save us from our tribal gods!
From the racial powers, whose rods—
Wreathed with stinging serpents—stir
Odin and old Jupiter
From their ancient hells of hate
To invade Thy dawning state.

Save us from their curse of kings!
Free our souls' imaginings
From the feudal dreams of war;
Yea, God, let us nevermore
Make, with slaves' idolatry,
Kaiser, czar, or king of *Thee!*

We who, craven in our prayer,
Would lay off on Thee our care—
Lay instead on *us* Thy load;
On our minds Thy spirit's goad,
On our laggard wills Thy whips
And Thy passion on our lips!

Fill us with the reasoned faith
That the prophet lies, who saith
All this web of destiny,
Torn and tangled, cannot be
Newly wove and redesigned
By the Godward human mind.

Teach us, so, no more to call
Guidance supernatural
To our help, but—heart and will—
Know ourselves responsible
For our world of wasted good
And our blinded brotherhood.

Lord, our God! to whom, from clay,
Blood and mire, Thy peoples pray—
Not from Thy cathedral's stair
Thou hearest:—Thou criest *through* our prayer;
For our prayer is but the gate:
We, who pray, ourselves are fate.

BOOKS

THE CANCER PROBLEM.

Each successive generation has added its quota of theory to the subject of Cancer, with now and then a fact to illuminate the situation, while the inauguration of what has been called the era of modern or scientific cancer research has produced books, brochures, papers, and other contributions in disconcerting volume. It has been correspondingly difficult for those not actually taking part in the campaign of research, and even for those who are the real history makers in this line, to keep abreast of the times and to satisfactorily digest the mass of cancer literature.

In the Preface to "The Cancer Problem," (The Macmillan Company, New York and London), the author, Dr. William Seaman Bainbridge of New York, says: "With the development of the widespread interest in cancer there has arisen a definite need for a book of ready reference, of convenient size, giving in succinct and available form a summary of knowledge concerning the subject. This is needed by the general practitioner, by the specialist, by the intelligent layman, by the lecturer on health matters; in fact, by all who are definitely interested in questions of health maintenance."

Dr. Bainbridge has succeeded in his undertaking remarkably well. Finding it necessary, as he states, "to touch upon practically every phase of the cancer problem, to state theories, to emphasize facts, to review the work and opinions of those who are qualified to speak with authority, and to maintain throughout an attitude of 'suspended judgment pending proof,'" he has shown skilful discrimination in winnowing the wheat from the chaff, the fact from the fiction.

The fourteen sections, some of which are subdivided into chapters, the final survey called "The Outlook," the General Bibliography, the Index of Authors, and the very full Index of Subjects, all contain a surprising amount of valuable information concerning this mutiplex question.

Practically every class of reader can find within the pages of this book subject matter to suit his particular needs.

The Statistician will find the Section on "Statistical Considerations" a book within itself, full of valuable information and a careful correlation of facts and figures, instead of the usual compilation which one is accustomed to encounter under the heading. Careful study of this section will dispel much of the alarm created by those who for so long have harped upon the one string of the increase of cancer. It is to be hoped that American statisticians will be stimulated to remove the stigma which some of our foreign confreres have placed upon our methods of collecting data, so that, in future editions of "The Cancer Problem," the author will not be forced to accept the imputations made abroad.

The laboratory worker will find the Section under "Histo-Pathology" a condensation of knowledge concerning the minute anatomy and pathology of cancer that must prove of great practical value, particularly as it is supplemented with a large number of histological plates and other illustrations. This section, together with that part of Section I, which deals with the "History of Modern Cancer Research", and Section entitled "Cancer Research—A Resume of the World's Work", will give much valuable data to those who are especially interested in the laboratory and purely experimental phases of the subject.

Just at this time, when not only medical societies, but women's clubs, mothers' congresses, and very nearly every other variety of organization, are dabbling in cancer study, the section on the "Campaign of Education" will be found peculiarly pertinent. It is interesting to note that Dr. Bainbridge takes a very conservative stand on this particular question of educating the public with reference to cancer. In addition, the sections on "Prophylaxis," "Institutions for the Care of Cancer Patients," and "The Inves-

tigation of Cancer Cures," will give to propagandists much conservative, rational, and logical matter which, if properly digested, will augur well for the victim of cancer and for those who, by virtue of age, sex, industrial, or other predisposition, are fair subjects for the inroads of this disease.

The clinician, however, is always interested in the vital question, "What Can I Do for My Patients?" Abundant answer to this question is found in the sections on "Clinical Course and Diagnosis (including a valuable subdivision on "Possible Errors in Diagnosis"); "Non-Surgical Treatment"; "Surgical Treatment (comprising the subdivisions, "General Technic of Surgery as Applied to Cancer," and "Special Technic"); and a practical consideration of "Irremovable Cancer."

After reading Dr. Bainbridge's clear-cut exposition of the entire subject, the reader will be in accord, we think, with the closing paragraph of the book: "While it cannot be gainsaid that the cancer problem to-day is still fraught with perplexity and uncertainty, one indisputable fact stands out in bold relief, serving as both guide-post and danger-signal for the present and future—if cancer be cut out soon enough a permanent cure is effected! This alone is sufficient to warrant the statement that we are 'travelling hopefully'."

Preservatives for Food. By Otto Folin, Ph.D. Hamilton Kuhn, Professor of Biological Chemistry in Harvard University, Cambridge. Harvard University Press, 1914. This excellent little book (price fifty cents) is one of the Harvard Health Talks, the others thus far issued being Care of Children, Care of the Skin, Care of the Sick Room, Care of the Teeth. In considering the problem of the use of chemicals in foods Professor Folin considers that 1. We need preserved foods, now more than ever, and there is therefore a legitimate and highly important field for the application of suitable chemicals, (if such preservatives can be found), to foods which would otherwise be wasted. 2. Benzoic acid and sodic benzoate are the most promising of the modern chemical preservatives, though we are not yet justified in saying that they are strictly harmless. 3. Competent and disinterested experimentation with different chemical preservatives is much needed, and should be encouraged. 4. It is not clear that the use of even a somewhat harmful preservative might not as the whole be desirable in the case of certain products, which, without the use of a preservative, would be eaten in various stages of decay. 5. The use of chemicals in foods for coloring purposes is essentially barbarian, and both this and all unnecessary additions of chemicals to foods for purely commercial ends might with advantage be altogether forbidden.

Food Products, Henry C. Sherman, Ph.D., Professor of Food Chemistry, Columbia University, N. Y. The Macmillan Co., 1914. $2.25. Professor Sherman most admirably assembles, in addition to his own authoritative outgivings, the recent advances in his subject which have been too widely scattered in the literature to be readily accessible. A chapter is devoted to each important type of food. One finds for each article of food an account of production and preparation for market; its proximate composition and general food value; its special characteristics of composition, digestibility, nutritive value and place in the diet. The work is most heartily recommended.

Chemistry and Toxicology for Nurses. By Philip Asher, Ph.G., M.D., Dean and Professor of Chemistry at the New Orleans College of Pharmacy. 12mo of 190 pages. Philadelphia and London: W. B. Saunders Company, 1914. Cloth, $1.25 net.

This is a brief, concise and adequate presentation of those features of the science of chemistry which are intimately related to the needs of medical and nursing professions. The difficulties of this science are made plain. Under the headings of those substances used in medicine, their medicinal properties, doses and uses are given.

A TEXT-BOOK OF MILITARY HYGIENE AND SANITATION. By Frank R. Keefer, M.D., Lieutenant-Colonel, Medical Corps, United States Army; Professor of Military Hygiene, United States Military Academy, West Point. 12mo of 305 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1914. Cloth, $1.50 net.

This book is peculiarly appropriate at the present time, when war's horrid front obscures pretty much every other interest in civilization. The "hospital corpse" (standard military joke) is an institution not nearly so much respected as it should be, in times of peace. In war the Hospital corps comes into its own; and transcends in importance any other military department. For not only must the wounded be saved, when possible, from death; but those yet uninjured combatants must be safeguarded from the camp diseases (which latter destroy three lives to one by shot and shell). This book is a superbly concise and adequate treatise.

It has a valuable glossary for the interpretation of medical and scientific terms to minds other than that of the doctor and the nurse. And it is exhaustively indexed. It can easily be carried in the coat pocket; and should be a *vade mecum* in active campaigning.

HE WHO WON THE WORLD. By The Rev. Edward Payson Powell, author of How to Make a Home in the Country, The Country Home, Orchard and Fruit Garden, etc. Sherman, French & Co., Boston, Mass., 1914. In these war times nothing is so essential to study anew, "lest we forget" the teachings of Him whose message was peace and whose gospel was love. Mr. Powell has given the world a beautiful poem indeed. The book would be peculiarly appropriate for a gift the coming holiday season.

SHORTHAND dictation taken by one stenographer was thus transcribed by another:

"We are in respite of your litter of the 13th inst. and in repeal would say that we will manicure the information requested and reply by rotten mail.

"Hoping these meats with your April, we remain,

"Yours tra-la."

VEGETABLE LORE.

Be like the cabbage—get a head—
Though on small celery;
Just manifest an onion's strength
And climb adversity.

Lettuce all be up and doing;
Things don't turnip when we wait;
If we use a little pepper
We can beet decree of fate.

Be as patient as a wormwood;
Try to cast dull caraway;
And some thyme you'll see the radish
Dawning of a brighter day.

—*American Florist.*

A WRITER in *Collier's Weekly* gets ecstatic over "a Scotch highball with a big cube of ice in the bottom of the glass." When one sees ice sinking to the bottom of a glass of fluid and staying there, it were better for him to change alcoholic drinks for something non-spirituous, at least for a season.

JUDGE (to woman asking separation)—How long have your relations been unpleasant?

Woman—Your honor, my relations have always been pleasant; it's his relations that are the old grouches.—Boston *Transcript.*

"WHAT we need is tax reform," he said. "What we need is tariff reform; what we need is trust reform; what we need is social reform; what we need is money reform."

"What you need is chloroform!" shouted a man in the crowd.

THE patter of tiny feet was heard from the head of the stairs. Mrs. Kinderby raised her hand warning the others to silence.

"Hush," she said, softly. "The children are going to deliver their good-night message. It always gives me a feeling of reverence to hear them—they are so much nearer the Creator than we are, and they speak the love that is in their little hearts never so fully as when the dark has come. Listen!"

There was a moment of intense silence. Then—

"Mamma," came the message in a shrill whisper, "Willie found a bedbug!"—*National Food Monthly.*

NURSING DEPARTMENT.

THOUGH WIDELY DIFFERING IN FUNCTION, THE ULTIMATE AIM OF THE NURSE IS THE SAME AS THAT OF THE PHYSICIAN, THE RELIEF OF SUFFERING AND THE SAVING OF LIFE. CULTURE, HELPFUL INFORMATION AND A BETTER UNDERSTANDING OF RELATIONS, LEADING TO AN INTELLIGENT CO-OPERATION IN THIS COMMON AIM, ARE THE OBJECTS OF THIS DEPARTMENT.

WITH THE COMPLIMENTS OF THE SEASON.

IF you are sighing for a lofty work,
If great ambitions dominate your mind,
Just watch yourself, and see you do not shirk
The common little ways of being kind.

ELLA WHEELER WILCOX.

TO SWEEP OR NOT TO SWEEP.

DUST is probably the worst nuisance that the cleanser of our houses has to conquer. It is not only everywhere but it is everywhere out of place. Strictly speaking, however, dust is a normal constituent of the atmosphere, simply because it is found wherever there is air, unless it is removed artificially; and this is what every careful housekeeper would be glad to do. Dust contains a little of everything, organic and inorganic. Harrington in his book on Practical Hygiene says "It includes particles of animal matter, vegetable substances of every kind including bacteria and moulds, sea salt, matters swept from the soil by the action of winds, those discharged by volcanoes, others from manufacturing establishments, from chimneys, and from the millions of meteorites which daily fall from interplanetary space. The ordinary combustion of illuminating gas yields millions and millions of particles of carbon for every individual cubic foot." Micro-organisms are very abundant in the air of all inhabited places, less abundant in the country than in cities, and absent only at altitudes of over one mile, or at distances of 120 miles or more from land. In cities we breathe about ten times as many bacteria and moulds as in the country. In all places we breathe fewer germs at night than in the day time—a fact that proves the fallacy of the popular suspicion concerning "night air."

The dust of factories and shops is either poisonous or irritating—it may be both. It pervades every place and complicates every process where liquids are not used. In fact, we might well change the word industry into the more expressive word inDUSTry; the pun is quite pardonable. Many a worker has suffered disease or death from the inhalation of the dust arising from the work, and every sanitary work room is provided nowadays with apparatus for preventing dust or securing its removal. Of course, the one indispensable safeguard against this danger is perfect ventilation, a difficult thing to secure in any building.

The peril of dust is not confined to work rooms; it has to be met in homes, schools, hospitals, churches and every place where people come together. We know of one magnificent high school that has installed a vacuum cleaner at the handsome cost of $5,000. It is a very wise economy, but the average home and even the average public building still looks upon the vacuum cleaner as too expensive a luxury. What else can we use to rid ourselves of the plague of dust? Surely not the broom?

Prophylaxis is just as important in dealing with this evil as in other matters sanitary. In the first place, a well kept city will prevent the dust nuisance out of doors by laying smooth pavements and keeping them clean. We should remember that the dust blows up more easily from a smooth pavement than a country road; we must not give it a chance to accumulate and blow into our houses every day and all

day. Street sweepers that flirt the dust into the air are abominable nuisances, worse than nothing. The trouble can easily be avoided by sprinkling the streets before sweeping, or more perfectly by flushing with plenty of water and washing the dirt into the sewers. Our street cars should be kept reasonably clean, not unreasonably filthy, and should set the example to all other conveyances that use the public streets. We are a clean people but we have not formed the habit of requiring cleanliness everywhere as we would on our own premises.

The prevention of dust in the home is a matter well worth our care. The small boy is frequently met at the door by the stern guardian of the fold who demands that he shall clean his feet before venturing within. It would be well if this rule applied to every one, even to the removing of shoes worn on the street for foot coverings better adapted to house wear. Fortunately the trailing skirt is no more—the ample train that dragged into the house all manner of things vile and unspeakable collected from the streets and walks, that even fetched dirt from without into the ladies' closet and hung it up to drop for days and weeks on the floor. *How soon* will this blessed thing be "in style" again? The clean house will relegate all garbage to the proper receptacles therefor, even if dusty clothing has to have a brushing on the porch before coming through the door. The clean house will not abound in "dust traps," those manifold contrivances for the catching and holding of debris, otherwise known as ornaments, bric-a-brac, draperies and what not. Some dust collecting surfaces and angles there must necessarily be in every house but a very little ingenuity will reduce them to their lowest terms without making home any less home-like, although it may be less like a junk-shop. The wise housekeeper will learn how to run the stoves and the furnace with the minimum output of dust, and the basement furnace is often the chief offender in creating this nuisance.

Surely prevention is better than cure, in dealing with such a danger.

When the awful moment arrives that we must go after the dust and drive it away, what shall we do? How shall we make our work thorough and run the least risk of bronchitis, coryza, or that dreadful-sounding, more dreadful-acting malady called pneumonokoniosis? The work is pretty well laid out for us by a writer in the *International Hospital Record,* speaking of hospitals:

> The first essential in keeping a hospital clean is to keep it perfectly free from dust. Dust in a ward is not only dirt—it is danger. The mode of cleaning must vary according to the surface to be cleaned, but the dust must be removed thoroughly, regularly and frequently; not stirred up and allowed to settle again somewhere else, but entirely removed. The floors, walls, windows, door-frames, wainscoting, cornices, mouldings, backs and top ledges of picture frames and mirrors, door-sills, tops of doors, mouths of air-shafts, the swinging transoms, the cupboards and tops of cupboards, and wardrobes, fireplaces, water closets, bathrooms, clothes shafts, dust shafts—in fact, every square inch of surface must be kept absolutely free from dust.
>
> One writer has said: "Do as little old-fashioned sweeping as possible in the wards. No one who has given much attention to these matters can look on with patience while an attendant flourishes a broom in a ward in the middle of a thick cloud of dust, not one-tenth of which is got rid of, but which flies up and settles again on every ledge and cornice, drifts over the beds and bedclothes, and, what is worse, drifts into the lungs and pores and eyes of the patients. In sweeping, a great deal of dust will escape in spite of every care, and drift into fireplaces, register flues, ventilating flues, open places of every kind, corners and cracks of every kind; therefore, all such places must be carefully looked after and carefully cleaned out at regular, frequent intervals. In such places as these, left unwatched too long, dust will be found packed and felted in thick rolls like bits of dirty blanket; and such deposits as these are not only disgraceful evidences of ignorance and neglect, but contain germs of hospital disease. For the sweeping that cannot be avoided, use on hardwood floors soft hair brooms in long strokes which carry the dust gently before them, instead of allowing it to rise and diffuse itself through the air. Do not sweep from one end of the ward through to the other, driving all the dust along the whole ward. Begin in the middle and sweep first one way and then the other, constantly using a dust-pan; but sweep as little as possible in the wards. Feather dusters should never be used, unless it may be to bring the dust down from high levels to lower ones when it can be reached and taken away with damp cloths or sponges. Nothing will really remove dust but damp cloths or sponges. Use as little water as possible, and use a little carbolic acid or soda in the cleaning water. Cleaners, unless watched, never change the water in their buckets often enough, but go on dabbing the floor with the dirty fluid; this, and their propensity always to use too much water on floors, should be watched and checked."

This is most excellent advice, applicable with slight modification to other places as well as the hospital. We might add for the benefit of those who are driven to use the broom on occasions like house-cleaning or on large bare floors, the following directions, from the same journal, for making a sweeping compound which will catch and

hold most of the dust, if the sweeper is not too violent in his action:

A good sweeping compound may be made as follows: Mix ½ pt. of warm paraffin oil with 2 oz. of melted paraffin wax and add 2 oz. of artificial oil of sassafras. Then pour the mixture into 10 lbs. of sawdust and work the whole thoroughly together. Add to this mixture 4 lbs. of clean sand and ½ lb. of coarse salt. Each article mentioned is comparatively cheap, and the compound can be kept in an open container.

The Department of Health in Buffalo distributes to the city a very practical leaflet on "Dry sweeping and feather dusting." A few quotations from this useful message may serve to complement our own suggestions.

THE HOUSE IS A HARBOR FOR DUST. HOW TO GET RID OF DUST.

If you wish to get rid of dust you must not stir it up, for as soon as it gets into the air it is beyond your control. Before sweeping, if sweeping is necessary, it is well to scatter on the floor some moist material, such as wet sawdust or bits of moistened paper. While sweeping the windows and outside doors should be opened as widely as possible, and the door communicating with other parts of the house should be closed. Dusting should always be done with a *moistened cloth, which should be washed before it has a chance to dry.*

Where the floors are bare, it is unnecessary and most unwise to sweep with a broom. The dust can be much more effectively moved by wiping up with a brush or with a cloth dampened with water, or oiled.

Of course, dust should be destroyed or placed in covered receptacles. On no account should it be dumped into the yard or the street or into any open receptacle where it can be dislodged by the wind and distributed to other houses.

DUST IS PARTIAL TO CHILDREN.

Dust falls, like the rain, upon the just and unjust, but in all places the children are exposed to the densest and coarsest part of the dust cloud. They creep or run about in an atmosphere that is much more heavily charged with bacteria, dirt and other obnoxious refuse than the air breathed by the adults at a height of three or four feet above the children's heads. It is important, therefore, that the floors of rooms in which children live should be so covered that they may be frequently cleaned without flirting dust into the air. Oiled or varnished floors answer the purpose best, and may be covered with rugs or other material that can be easily removed and cleaned out of doors. Dogs and cats which have the freedom of the neighborhood are liable to bring into the house, into the hands and mouths of the children, all sorts of unsuspected and indescribable filth. You do not wish your child to play with dirty children. How about the cat and dog?

Many of the most stubborn diseases that afflict the operatives in factories and the employes in offices and stores are due to the polluted air which they are constantly inhaling. You should know what is necessary in order to protect yourself and your premises from dust and you should demand this protection whenever possible.

Would you allow your neighbor to throw his garbage into your yard? Why should you allow him to defile the air of your house with dust—perhaps with the germs of consumption?

If we realize that dust is poison we will abhor it. Much of the dust to which we are exposed is poison.

WORK AS A CURE.

Employment, which Galen calls "nature's physician," is so essential to human happiness, that indolence is justly considered as the mother of misery.—BURTON.

THIS progressive age is very fond of new ideas. They generally take well. We hear a lot about the "New thought" but when we investigate it we find that a few people are thinking and talking the same old things that our ancestors thought and said centuries ago. "New thought" isn't really *new*. It is merely what we have forgotten. It is thought revived. We should be delighted, however, to know that some people are thinking, even if they think it is new. Probably it is new to them, and refreshing.

So it is with the therapeutics of work, or the "work cure" or whatever it is called. Galen recognized it, not to speak of earlier authorities. The great monasteries of the Middle Ages practised it, believing that "idleness is the invention of the Devil." To-day we are making new applications of the old truth and giving work its rightful position among other measures used to restore health to the unsound, especially to those whose mentality is deficient or diseased.

We have seen the convicts in a large penitentiary beseeching their keepers for work to employ their time and tone up their bodies. Nature impels them to some sort of physical exertion. The principle is recognized in most of our great institutions for the feeble-minded and the insane. The patient who can do no work is regarded as unfortunate, hopeless. To be sure, there are some conditions of insanity, usually

transient in duration, which demand complete rest and relaxation. But these are exceptions to the rule. The careful selection and prescription of work is regarded in many institutions as of equal importance with the prescribing of diet or medicines.

Work for institutional cases has a tremendous economic importance, for with proper opportunities the work of the institution, in farms, gardens and shops can be made to relieve the tax payers of a considerable burden of expense, while it perpetuates the habits of work in a small proportion of the patients who are later discharged as cured or improved and go out to resume their places in the industrial world.

Now that work is really a department of applied therapeutics, it is important for every nurse to know something of its application to different conditions, its *dosage*, counter-indications, etc. It is interesting to see that in some places the nurses are taught to qualify as instructors or supervisors of employments used in "the cure." It is a good specialty, and will be better some day.

WILL SURGERY LEARN ANYTHING NEW FROM THE PRESENT WAR?

The following brief comparison of the medical and surgical records of recent wars is made by Dr. Walter M. Brickner in an editorial in the *American Journal of Surgery*:

The surgical annals of the Boer war make vastly different reading from the medical and surgical history of the Civil War, for example, with its grim records of amputations and hospital gangrene; and the camp sanitation and field hospital work of the Japanese in 1904 were, likewise, vastly better than those in our own army in the Spanish-American war only six years earlier. But to-day military hygiene is standardized and well-nigh perfect, and the behavior and treatment of wounds by modern missiles are quite well established. The character of these missiles has not been changed as far as we know, since the Turko-Italian and the two Balkan wars. It would seem, therefore, that the surgical experiences of the present great war will differ in volume, rather than in kind, from those of the other all too frequent wars of very recent years. It is perhaps in the opportunities to apply our newer methods in vascular and intrathoracic surgery that the most fruitful opportunities will develop.

On these grounds Doctor Brickner prophesies "that the experiences of these battle fields will provide no important contribution to surgery itself."

It is natural for us to ask in this connection whether the nurses who have the responsibility of caring for the disabled soldiers and returning them in fighting trim to the front, will develop any great improvements in their art. Judging from the reports already received, they seem to be making better time in this respect than in former wars.

BETTER THAN ANY ANTISEPTIC.

Wright's solution has been used in the clinic at Christ Hospital, Jersey City, for two years with the most satisfactory results. So says Dr. G. K. Dickinson, in the *Medical Record* (June 20th). Incidentally, he discusses a number of the antiseptics and other substances used more or less in surgical dressings. Balsam of Peru is stimulating but has proven "dirty and ineffective." Carbolic acid, with all its virtues, causes local irritation, disturbed healing, and often irritation of the kidneys. Bichloride of mercury, though convenient for use, "is not an ideal."

It coagulates albumen. It is destructive to tissue as well as to microbes. It does not assist Nature in producing local hyperemia and bringing out the serums for wound healing. To be potent in a reasonable time, it must be made in strong solution.

Practically the majority of solutions used in surgery have not been potent because of the time required for antibacterial effect and the little time given for this purpose.

For these and other reasons no antiseptics have been employed in wound treatment in Christ Hospital for two years or more. Wright's citrated isotonic solution produced such "delightful effects" that it has superseded all other fluids in the clinic. It is made according to this formula:

Sodium citrate, 0.5; sodium chloride, 3.0; distilled water, 100. (From Wright's "Studies on Immunization," p. 464.)

Dr. Dickinson says: "In all the thirty-seven years we have been attending surgical cases never have we noted such prompt results and

such beneficent effect as obtained by the *proper* application of this solution. We have practised long enough to be accustomed to the novel and the specific in action, but nothing in the surgical treatment of wounds has pleased as much as has it.

It is helping Nature on her own lines. Nature heals through hyperemia. The salt in the solution produces a mild hyperemia. Nature sends the phagocytes and opsonins into the wound. The citrate of sodium keeps the wound itself free from deposit and allows of the permeation of the healing serum. Wounds are embarrassed by the accumulation of dead leucocytes and decomposing serum, and the presence of microbes in this accumulation, which neither the mercury salts nor the phenols efficiently controlled.

Wright's solution keeps the wound clean, favors proper granulation, and hastens the separation of small sloughings. To be properly applied there should be sufficient gauze kept *well-sopped.* If hospitals and clinics would but thoroughly try out this simple, cheap, and physiologically effective method, the public would soon follow suit and the bichloride tablet and its dangers would disappear."

WITH THE AMBULANCE CORPS IN BELGIUM.

AMONG all the accounts of personal experiences that have come to us from the war zone, none is more graphic and human than the letters of Philip Gibbs to the *London Chronicle* and *New York Times.* The dispatch from which we quote paints a vivid picture of the dangers faced by some of the nurses and other courageous women who dare to go to the very front of this awful conflict.

Furnes, Belgium, Oct. 21.—The staff of the English hospital to which a mobile column has been attached for field work, has arrived here with a convoy of ambulances and motor cars. This little party of doctors, nurses, stretcher-bearers, and chauffeurs under the direction of Dr. Bevis and Dr. Munro, has done splendid work in Belgium, and many of them were in the siege of Antwerp.

Miss Nacnaughton, the novelist, was one of those who went through this great test of courage, and Lady Dorothie Feilding, one of Lord Denbigh's daughters, won everybody's love by her gallantry and plucky devotion to duty in many perilous hours. She takes all risks with laughing courage. She has been under fire in many hot skirmishes, and has helped bring away the wounded from the fighting around Ghent when her own life might have paid the forfeit for defiance to bursting shells.

Recently a flying column of the hospital was preparing to set out in search of wounded men on the firing line under direction of Lieut. de Broqueville, son of the Belgian War Minister. The Lieutenant, very cool and debonair, was arranging the order of the day with Dr. Munro. Lady Dorothie Feilding and the two other women in field kit stood by their cars, waiting for the password. There were four stretcher-bearers, including Mr. Gleeson, an American, who has worked with this party around Ghent and Antwerp, proving himself to be a man of calm and quiet courage at a critical moment, always ready to take great risks in order to bring in a wounded man.

It was decided to take three ambulances and two motor cars. Lieut. de Broqueville anticipated a heavy day's work. He invited me to accompany the column in a car which I shared with Mr. Ashmead-Bartlett of The London Daily Telegraph, who also volunteered for the expedition.

Then follows the story of a ten mile ride, into the firing zone with all its dreadful sights and sounds.

I was in one of the ambulances and Mr. Gleeson sat behind me in the narrow space between the stretchers. Over his shoulder he talked in a quiet voice of the job that lay before us. I was glad of that quiet voice, so placid in its courage. We went forward at what seemed to me a crawl, though I think it was a fair pace, shells bursting around us now on all sides, while shrapnel bullets sprayed the earth about us. It appeared to me an odd thing that we were still alive. Then we came into Dixmude.

THE SHELLING OF DIXMUDE.

When I saw it for the first and last time it was a place of death and horror. The streets through which we passed were utterly deserted and wrecked from end to end, as though by an earthquake. Incessant explosions of shell fire crashed down upon the walls, which still stood. Great gashes opened in the walls, which then toppled and fell. A roof came tumbling down with an appalling clatter. Like a house of cards blown by a puff of wind, a little shop suddenly collapsed into a mass of ruins. Here and there, further into the town, we saw living figures. They ran swiftly for a moment, and then disappeared into dark caverns under toppling porticos. They were Belgian soldiers.

AT THE RUINED TOWN HALL.

We were now in a side street leading into the Town Hall square. It seemed impossible to pass, owing to the wreckage strewn across the road. "Try to take it," said Dr. Munro, who was sitting beside the chauffeur. We took it, bumping over heaps of debris and then swept around into the square. It was a spacious place with the Town Hall at one side of it—or what was left of the Town Hall; there was only the splendid shell of it left, sufficient for us to see the skeleton of a noble building which had once been the pride of Flemish craftsmen. Even as we turned toward it parts of it were falling upon the ruins already on the ground. I saw a great pillar lean forward and then topple down. A mass of masonry crashed from the portico. Some stiff, dark forms lay among the fallen stones; they were dead soldiers. I hardly glanced at them, for we were in search of the living.

Our cars were brought to a halt outside the

building, and we all climbed down. I lighted a cigarette, and I noticed two of the other men fumble for matches for the same purpose. We wanted something to steady our nerves. There was never a moment when shell fire was not bursting in that square. Shrapnel bullets whipped the stones. The Germans were making a target of the Town Hall and dropping their shells with dreadful exactitude on either side of it.

I glanced toward the flaming furnace to the right of the building. There was a wonderful glow at the heart of it, yet it did not give me any warmth. At that moment Dr. Munro and Lieut. de Broqueville mounted the steps of the Town Hall, followed by Mr. Ashmead-Bartlett and myself. Mr. Gleeson was already taking down a stretcher; he had a little smile about his lips.

A French officer and two men stood under the broken archway of the entrance between the fallen pillars and masonry. A yard away from them lay a dead soldier, a handsome young man with clear-cut features turned upward to the gaping roof. A stream of blood was coagulating around his head, but did not touch the beauty of his face. Another dead man lay huddled up quite close, and his face was hidden.

"Are there any wounded here, Sir?" asked our young Lieutenant. The other officer spoke excitedly. He was a brave man, but he could not hide the terror in his soul, because he had been standing so long waiting for death, which stood beside him, but did not touch him. It appeared from his words that there were several wounded men among the dead down in the cellar, and that he would be obliged to us if we could rescue them.

BRINGING OUT THE WOUNDED.

We stood on some steps, looking down into that cellar. It was a dark hole, illumined dimly by a lantern, I think. I caught sight of a little heap of huddled bodies. Two soldiers, still unwounded, dragged three of them out and handed them up to us. The work of getting those three men into the first ambulance seemed to us interminable; it was really no more than fifteen or twenty minutes. During that time, Dr. Munro, perfectly calm and quiet, was moving about the square, directing the work. Lieut. de Broqueville was making inquiries about other wounded in other houses. I lent a hand to one of the stretcher-bearers. What the others were doing I do not know, except that Mr. Gleeson's calm face made a clear-cut image on my brain.

I had lost consciousness of myself. Something outside myself, as it seemed, was saying that there was no way of escape; that it was monstrous to suppose that all these bursting shells would not smash the ambulance to bits and finish the agony of the wounded, and that death was very hideous. I remember thinking, also, how ridiculous it was for men to kill one another like this and to make such hells on earth.

Then came the order to return with the wounded:

Along the country roads the fields were still being plowed by shells which burst over our heads. We came to a halt again in a place where soldiers were crouched under cottage walls. There were few walls now, and inside some of the remaining cottages were many wounded men. Their comrades were giving them first aid and wiping the blood out of their eyes. We managed to take some of these on board. They were less quiet than the others we had, and groaned in a heartrending way.

THE LOST LEADER.

A little later we made a painful discovery: Lieut. de Broqueville, our gallant young leader, was missing. By some horrible mischance he had not taken his place in either of the ambulances or the motor cars. None of us had the least idea what had happened to him; we had all imagined that he had scrambled up like the rest of us, after giving the order to get away.

There was only one thing to do—to get back in search of him. Even in the half hour since we had left the town Dixmude had burst into flames and was a great blazing torch. If de Broqueville were left in that hell he would not have a chance of life.

It was Mr. Gleeson and Mr. Ashmead-Bartlett, who, with great gallantry, volunteered to go back and search for our leader. They took the light car, and sped back toward the burning town. The ambulances went on with their cargo of wounded, and Lady Dorothie Feilding and I were left alone for a little time in one of the cars. We drove back along the road toward Dixmude, and rescued another wounded man left in a wayside cottage.

By this time there were five towns blazing in the darkness, and in spite of the awful suspense which we were now suffering we could not help staring at the fiendish splendor of that sight.

Dr. Munro joined us again, and after consultation we decided to get as near to Dixmude as we could in case our friends had to come out without their car or had been wounded.

The German bombardment was now terrific. All the guns were concentrated upon Dixmude and the surrounding trenches. In the darkness under a stable wall I stood listening to the great crashes for an hour, when I had not expected such a lease of life. Inside the stable soldiers were sleeping in the straw, careless that at any moment a shell might burst through upon them. The hour seemed a night; then we saw the gleam of headlights, and an English voice called out.

Ashmead-Bartlett and Gleeson had come back. They had gone to the entrance to Dixmude, but could get no further, owing to the flames and shells. They, too, had waited for an hour, but had not found de Broqueville. It seemed certain that he was dead; and, very sorrowfully, as there was nothing to be done, we drove back to Furnes.

They reached home and carried their wounded patients into the convent which served as hospital. Then came the supper made gloomy by the absence of their leader.

A JOYFUL MEETING.

Then suddenly Lady Dorothie Feilding gave a little cry of joy, and Lieut. de Broqueville came walking briskly forward. It seemed a miracle;

it was hardly less than that. For several hours after our departure from Dixmude he had remained in that inferno. He had missed us when he went down into the cellar to haul out another wounded man, forgetting that he had given us the order to start. There he had remained, with buildings crashing all around him until the German fire had died down a little. He succeeded in rescuing his wounded man, for whom he found room in a Belgian ambulance outside the town and walked back along the road to Furnes.

THE MEDICAL PROFESSION AND THE TRAINED NURSE.

By Miss Flora J. Brecht, Buffalo, N. Y.

In order to get a general idea of how the trained nurse is viewed by the medical profession, I asked forty or more physicians and surgeons in Buffalo to tell me what characteristics or attributes they considered most desirable in a trained nurse. The men and women to whom I put the question were our foremost physicians and surgeons, and represented many nationalities as well as all branches of medical work.

The more I thought about the subject, the more interesting it became, and although doctors, as a rule, are too busy for romancing, I wondered whether they would prefer short nurses, or tall nurses, blondes or brunettes. Perhaps a plump, motherly looking nurse would be considered more soothing than a tall, slender one.

The first reply, however, was more candid than candied and shattered all romance —just four words: "Keep their mouths shut." Ninety per cent. of the replies voiced the same opinion in other words.

Good health was considered the most desirable attribute, and I will place it first—good health, both physical and mental. A nurse should be free from those petty, annoying ills which beset mankind. A nurse who has a headache, or a toothache, or whose corns ache, cannot do justice to herself or her patient.

Mental good health presupposes self-control. This attribute enhances every other good quality a nurse may possess and makes her valuable when no one else is available.

Mental good health includes cheerfulness; a long face may do for an undertaker, but never for a doctor or a nurse. The psychic effect of cheerfulness on a patient can hardly be overestimated.

A nurse who is optimistic and resourceful in providing suitable diversion and entertainment for her patient is valuable. The ability to cut paper soldiers for the small boy, who is too sick to do it for himself, or to play a game of cards with the woman who although propped up in bed, is just dying to go to her card club and cannot—is not to be despised.

Second. A practical as well as theoretical training in a well equipped general hospital.

Third. Intelligence. Intelligence, Webster tells us, is the "exercise of the understanding." Truly good exercise, and recommended by all physicians. "Intelligence in a nurse," said one physician, "is far preferable to high education." A nurse should know not only how to carry out the doctor's orders to the letter, but how to act wisely in an emergency.

A nurse must never administer medicines on her own account without first consulting the attending physician.

"A large amount of training in general medical or surgical work is not necessary," said another; a nurse should be intelligent.

The intelligent nurse is up to date—keeps up with the newest technique of the profession, and often adds a general knowledge of massage to her attainments. An intelligent nurse, of course, would never repeat former sick-room experiences to a patient.

The intelligent nurse keeps her mind on her patient and her duties. The sick-room

is no place for love making and the nurse who fondly imagines she can play a bit of this absorbing game with the young attending physician, is not worth anything.

Fourth. Neatness. This ranks with intelligence, and all doctors laid special emphasis upon it. A nurse should be neat in her person and neat in her work. A sloppy, untidy nurse is an abomination not to be tolerated, and in surgical or maternity work a careless, untidy nurse is positively dangerous.

Fifth. Honesty, without which no one can be eminently successful in any calling.

Sixth. Tact. Tact is an inclusive term and means so much. A nurse must meet all classes and all conditions of people, and has to change her manner of work according to each and every case. To-day she may be serving in the home of the humblest citizen, where frugality and economy are imperative—to-morrow she may be in a home of plenty, where money is no object.

Tact means patience—for sick people are often cranky and hard to live with day after day.

Tact means self-abnegation. Unless a nurse can forget herself, her person, her troubles and her comfort, she cannot do the best work for her patient. Said one surgeon: "the nurse who thinks first, last and all the time of her patient is the one we tie to."

Seventh. Loyalty in the wide meaning of the term. As Professor Royce gives it —loyalty to self, to the patient, the physician, the family and to the community.

These attributes—and let me assure you many fine, noble women among the nurses possess them all,—these attributes make a splendid nurse and are considered most desirable by the medical profession.

MISSION HOSPITALS OF THE EMPIRE.

THEIR ACHIEVEMENT AND POSITION TO-DAY.

In every civilized country of the world in which hospitals have been established medical missionaries have been the pioneers. And even in India, while the Medical Service of the Government has long occupied the more important centres of population, and is gradually extending its beneficent activities even to rural districts, mission hospitals have led the way in several departments of hospital work and in the wilder regions.

Practically the whole existing medical work in China and hospitals for women in India are the most conspicuous proofs of these assertions. There are at the present moment about 800 medical missionaries at work in China. In fact, excepting the treaty ports and a few other places where military surgeons or doctors in charge of the various legations practise, virtually all scientific medical and surgical work in China is in the hands of missionaries. The enlightened statesmen who are now at the head of affairs in China are most desirous to secure for their country the advantages of Western medical science. And, looking round for possible instructors of the rising generation of Chinese doctors, the presence of this large body containing many men with the highest European qualifications has attracted their attention. The desire to make use of them has been an important factor in the changed attitude of the Chinese Government towards Christianity and missions in general.

MEDICAL MISSIONARIES IN CHINA.

Its present policy was shown in a speech reported in the *Times* of January 17, 1913. The China Medical Missionary Association had just held its triennial conference in Peking. Its members, seventy-three in number, were received by the President of the Republic, Yuan Shih-kai, who, in replying to an address presented by the missionaries, paid a warm tribute to them and to their work. He said: "I am delighted to receive the medical missionaries. We are most grateful to you for your charitable services, especially in the interior, where the importance of sanitary principles, once comparatively unknown, is being increasingly recognized owing to your labors. Many of you assisted during the plague, materially aiding in restricting the ravages of the disease which had alarmed the world, while during the revolution many of you faced dangers and difficulties in order to relieve the suf-

ferers. I am glad of this opportunity to offer you our most sincere personal thanks, and I hope that you will continue your labors, thus adding to the glory of your reputation and strengthening the bonds of friendship between your countries and ours." Formerly foreign doctors were looked upon with suspicion in China; dark tales were told of eyes taken out from helpless patients to make medicine, and of patients being killed to obtain certain parts of their bodies, and it was difficult to persuade a native to come into the hospital at all. To-day the hospitals are filled to overflowing, and patients will pay what to them are large sums for the privilege of being treated by the foreign doctor; while to be taken on as a hospital assistant and so get his foot on the ladder which may lead ultimately to a training in Western medicine is the ambition of thousands of the promising youth of China.

NEED FOR MEDICAL SCHOOLS.

One of the greatest needs of China to-day is medical education, and this the missionaries are seeking to supply. In most of the mission hospitals some sort of medical training has been attempted, but what is wanted is a well-equipped and well-staffed medical school in each of the great districts of China. Such a school has been in existence at Peking since 1906 and medical education has been long given at Hangchow, Fuhkien, and other hospitals which are now to be raised to the status of regular medical schools.

In India, where the customs of the country prevent Mahomedan women or those belonging to the respectable Hindu castes from entering a hospital to which men are admitted either as patients or doctors, the mission hospitals were for long the only ones available for women. The Dufferin Hospitals which have been opened under Government auspices were admittedly the outcome of missionary example, though conducted strictly on secular lines and so able to secure the support of wealthy natives. Of the Zenana missionary hospitals the best known is that carried on by the S.P.G. and Cambridge Mission in Delhi. Its work has won it recognition from the Government of India in various ways, and its reputation secured it special honor from her Majesty the Queen during her visit to Delhi for the Durbar in 1911. It is the successor of the first hospital for women and children established in India, but the site has been twice removed and is now just outside the city walls. The work is carried on by four European women doctors, three nursing sisters, and twenty-six Indian nurses and probationers. In 1912 over 1,000 operations were performed.

Similar hospitals have been established by the S.P.G. at Cawnpur and Karnal, and by the Bible and Zenana Medical Mission at Lucknow, Benares, and Patna; while many others in less famous cities are carried on by these and other missionary societies.

The Cawnpur Hospital has a special interest attaching to it from its proximity to the scene of the massacres and has been called the revenge of the women of England for the massacres of the Mutiny, having been erected entirely by subscriptions from English women. The death of several members of the staff from plague caught from their patients had the curious effect of quieting the populace when violent riots had taken place owing to the prevalent idea that the plague had been introduced by the English to diminish the native population.

On the North-West Frontier of India there is a very remarkable chain of mission hospitals, worked by the Church Missionary and Church of England Zenana Missionary Societies. These are attended by many patients from places far outside British territory, and are recognized as having a most pacific effect on the frontier, besides relieving an immense amount of suffering, untouched by any other medical agency. In Kashmir, too, the work of the Mission Hospital with its 245 beds is widely famous.

NATIVE STAFFS.

The work of training native nurses, which is carried on at the hospitals at Delhi, Cawnpur, and other places, is peculiarly valuable in view of the widespread ignorance in India of even the most rudimentary ideas of the proper treatment of the commonest diseases, and of women in childbirth. A medical school for women has also been established at Ludhiana in the Punjab, where a better class of women can go and will enter the Government schools to be taught by and with men.

In South India the largest mission hospitals are in the Native States, where the same provision as the Indian Medical Service makes for the needs of the people in British territory does not exist.

From the time of Livingstone Africa has had a special attraction for medical missionaries, and hospitals have been established in a very large number of Anglican and

Protestant mission stations in all parts of the Continent. The most remarkable are those of the Church Missionary Society in Uganda and Egypt. The hospital at Mengo in Uganda has 168 beds, and in 1912 the in-patients totalled 2,078. At old Cairo, though the regular hospital beds only number 89 and the in-patients 1,334, a species of resident out-patient accommodation has been established especially for the treatment of that scourge of Egypt, ankylostomiasis, where 300 patients can be housed and 4,812 cases were treated during the year 1912 with remarkable success.

Perhaps nothing has had so great an effect in breaking down the tyranny and power of the witch-doctor in Africa, with all the resultant evils of tribal vengeance and murders, as the success of proper medical and surgical treatment. It has proved a civilizing agent of the first importance, and the missions have almost invariably been the pioneers in this. Such was the case in Madagascar, but the French, in pursuance of their anti-religious policy, have now suppressed the work of mission hospitals there, and made provision to some extent for the needs of the people by establishing Government medical aid. Japan affords a somewhat parallel case, as the Government now prefers to provide on a secular basis for the needs which at first had no provision to meet them, except that afforded by mission hospitals.

In Persia there is a remarkable hospital of the Church Missionary Society at Ispahan, with 180 beds and a record of just 600 major operations in 1912. As might be expected from the state of the country, serious gunshot wounds form a large proportion of the cases in Persia, and the mission doctors are called upon to treat Government servants, soldiers, thieves, and highwaymen alike.

Separate mention should be made of leper hospitals, which are carried on by various missions, sometimes in connection with and sometimes quite distinct from other medical work. In uncivilized countries this is a sphere left exclusively to missionaries. The largest leper asylum and hospital in India is at Purulia in Chota Nagpur, carried on by a German mission, but supported by the Mission to Lepers Society of this country. No other medical work is connected with it. This society has many other leper hospitals, both in India and China. Some mission hospitals in those countries set apart a certain number of beds for lepers.

MISSION HOSPITAL DISPENSARIES.

In studying the statistics available it will be seen that the dispensaries attached to mission hospitals return very large numbers of out-patients, but it is difficult to institute any comparison of numbers between them or with other hospitals—*e.g.,* those under the English Government in India—as a uniform system of statistics of out-patients does not obtain. Some return figures representing "new cases" which should be multiplied by two or three in comparing them with those which return only attendances, where the same patient may be included many times.

But, however computed, the combined numbers show an enormous amount of philanthropic effort at a comparatively trifling cost. The expense of a bed for a year in some of these mission hospitals is estimated as low as £3, in few does it exceed £10, while the average expense of a bed in a London hospital works out at £81. Making allowance for the difference in the cost of living in uncivilized countries from that in England, this indicates a careful management of the funds entrusted to the societies by the benevolent public.—*The Hospital.*

PAINFUL HEEL.

Painful heel is frequently due to an exostosis, a spur, on the bottom of the calcaneum. In cases of long standing rebellious pain under the heel, it is wise to radiograph in order to see whether this lesion is present. While we sometimes find this condition in patients complaining of no pain under the heel, it has been pretty well demonstrated that removal of these spurs when present in "painful heel," is followed by abatement of symptoms. Before, however, such spurs are removed, the attempt should be made to take pressure off from them by means of well-fitting arches, felt rings, or other devices designed to take weight off from the painful heel.—E. S. Geist, in *The Saint Paul Medical Journal.*

AN IRISH AMBULANCE TRAIN.

An enterprising step has been taken by the Great Southern and Western Railway Company in Ireland, which, to meet the possibility of wounded being landed on the south coast, have built and equipped at their Inchimore works a complete new ambulance train. By the adaptation of nine bogie coaches ordinarily used for main line parcel traffic, five "wards," with twenty beds each, have been fitted in two tiers. To each car an end gangway has been fitted, by which access is gained to the pharmacy car, which is given the central position. The so-called pharmacy car comprises in separate divisions a surgery, which is zinc-lined, pharmacy, linen stores, medical officer's room, and stores for bandages and other equipment. The corridors are made wide enough to accommodate a stretcher, while a sliding door is fixed so as to allow a patient to be taken sideways into the surgery. There is a dining-room car for the staff, fitted with lavatory accommodation, and the seats are upholstered in such a way as to be convertible for sleeping purposes if required. There is also a sleeping saloon for the medical and nursing staff, with beds for two doctors and two nurses, and, divided off, for two attendants. A stores car, more or less on the ordinary corridor plan, with a final guard's van, brings up the rear. The ventilation and lighting have been carefully studied, and electric bells and steam heating are provided throughout the train, which is nearly two hundred yards in length. —*The Hospital.*

Questions and Answers.

The following answers are not "official." They are prepared for the Editor.

Vermont Board of Registration of Nurses.

OBSTETRICAL NURSING.

Examination at Montpelier, Vt., November 13, 1913.

Answer 10 *Questions only*:

1. Define ovulation, conception, embryo, extra uterine pregnancy, lactation.

Ans. The formation and discharge of the ovum from the ovary. The impregnation of the ovum by the spermatozoon. The product of conception up to the end of the third month. Pregnancy in which the fetus is not contained in the uterus, but somewhere outside. Secretion of milk, or period of secretion.

2. Define abortion, miscarriage, premature labor.

Ans. Expulsion of the fetus during the first 28 weeks of pregnancy. Expulsion of the fetus at any time before the natural termination of pregnancy. Labor occurring from the 28th to the 38th week of pregnancy.

3. When during pregnancy does the fundus uteri reach, (a) the symphysis pubis; (b) the umbilicus; (c) the ensiform cartilage?

Ans. (*a*) About the beginning of the fourth month. (*b*) At the sixth month. (*c*) Toward the end of the ninth month.

4. (a) What is vertex presentation in labor? (b) What is the normal or first or most common position?

Ans. (*a*) The presence of the top of the fetal head in the mouth of the womb. (*b*) O. L. A., in which the occiput is in the left anterior portion of the pelvis.

5. Name three micro-organisms which may be the specific cause of puerperal infection.

Ans. Streptococcus, staphylococcus, gonococcus.

6. Describe the birth of a baby, (a) the power which forces it out; (b) the bony canal through which it passes; (c) the soft parts it passes; (d) the change in the manner of oxygenation of the blood immediately after birth.

Ans. (*a*) The muscular walls of the uterus contract rhythmically, and the abdominal muscles assist by making pressure or "bearing down" as in the process of defecation. (*b*) The true pelvis is made up of the two innominate bones on the

front and sides and the sacrum and coccyx behind. It is narrow or shallow in front and deeper behind, which gives to the canal a decided curve toward the external opening of the birth canal. (*c*) The inner surface of the pelvis is covered with muscles and contains many nerves and vessels. In traversing the birth canal, the fetus passes the bladder, rectum, ureters, urethra, os uteri, perineum and vulva, or external genitals. (*d*) Before birth the blood is oxygenated in the placenta. After birth the child breathes air into its lungs which supplies oxygen for the blood.

7. Give general rules for feeding a baby, i.e., quantity at each feeding, intervals between feedings, number of feedings in 24 hours and total amount in 24 hours, during first week, second week, sixth week and sixth month.

Ans. First week: 1½-2 ounces, every three hours, making 7 or 8 feedings and a total of 10-15 ounces. Second week: 2-3½ ounces every three hours, making 7 or 8 feedings and a total of 15-22 ounces. Sixth week: 4-5 ounces, every 4 hours, making about 5 feedings and a total of 24-32 ounces. Sixth month: 6½-8 ounces every four hours, making about 5 feedings, and a total of 32-40 ounces.

8. Define and give directions for practising gavage.

Ans. Feeding by the stomach tube. Use a small soft rubber catheter connected with a small funnel at its outer end. Hold the baby on the lap upon its back. Fill the tube with milk, warmed to right temperature, clamp tube between the fingers and pass it down the throat about four inches. Let milk flow in slowly, taking care to exclude bubbles from the funnel. After withdrawing tube let child lie quietly on the lap for a few minutes and watch it to prevent strangling in case some of the milk is regurgitated. Of course, the milk, tube, funnel and everything used in this procedure must be sterile.

9. What is the most frequent cause of digestive disorders in hand fed babies?

Ans. Contamination of milk with bacteria.

10. What is citrated whole milk, and what are some of the advantages claimed for its use?

Ans. Milk to which sodium citrate has been added in the proportion of one to five grains to the ounce of milk. It precipitates the lime salts in the milk and makes a softer, more flocculent curd of paracasein in the infant's stomach.

11. What danger is there in the use of the vacuum bottle (thermos bottle) for keeping infants' food hot?

Ans. As the temperature is necessarily below that required for Pasteurization, the bottle acts as an incubator, and the bacteria in the milk increase often to an alarming degree. It is better to keep the feedings cold until the time for using them.

12. What is the Bacillus lactis Bulgaricus? For what purpose is it sometimes given in connection with the bottle feeding of infants?

Ans. A bacillus producing the lactic fermentation, or souring of milk. It exerts a beneficial influence in the digestive tract, and prevents the development of the most injurious pathogenic bacteria found there; in this way it promotes the healthy functioning of the digestive organs.

SURGICAL NURSING AND BACTERIOLOGY.

Examination at Montpelier, Vt., November 13, 1913.

Name each answer and letter each subdivis ion. Do not write the questions.

1. Give minute directions for preparing your hands for a surgical operation.

Ans. Roll sleeves above elbows, scrub hands and forearms ten minutes in hot soap and water, using nail brush and changing water frequently; clean around nails with blunt orange-wood stick; immerse hands and forearms in alcohol for one minute, rubbing the skin thoroughly; repeat this process in bichlorid of mercury 1-1000, for three minutes.—(Sanders.)

2. When is drainage used and why? (a) Name four methods and material that may be employed.

Ans. When wounds are unclean or tissues bruised, and blood, serum or pus is liable to collect. (*a*) Drainage tubes of soft rubber, glass, or decalcified bone may be inserted so as to drain the deepest part of wound. The cigarette drain is made of

a roll of sterile gauze covered with protective tissue; it is used like a tube. A bundle of sterile catgut or horsehair may be used in the same way. The wound may be loosely packed with sterile gauze, acting as a wick to draw out discharges.

3. How would you care for and prepare a patient during twenty-four hours before an abdominal operation ready for the surgeon?

Ans. Keep patient in bed, quiet, for a day or two before operation. Save a specimen of urine for examination. Secure a good cleansing of the bowels. Give soft diet only, and nothing but liquid for the last meal preceding operation. Give no nourishment within less than four hours of operation. Give a cleansing bath, taking special care to see that the abdomen and thighs, especially the umbilicus, are thoroughly clean. The surgeon may order the site of the incision to be shaved and treated with antiseptics some hours before the operation; in such a case, protect the area by an antiseptic compress.

4. Define the words, (a) sterile; (b) asepsis; (c) disinfectants; (d) sterilization. (e) What is most effective?

Ans. (*a*) Free from micro-organisms. (*b*) Freedom from infection, or septic matter. (*c*) Agents or processes destroying infection. (*d*) Process of freeing substances from septic micro-organisms. (*e*) Heat.

5. What is an ideal chemical disinfectant? (a) Name four chemical disinfectants.

Ans. One that accomplishes the work of disinfection with the least injury to the substance disinfected and the person using it. (*a*) Alcohol, carbolic acid, bichlorid of mercury, formaldehyde.

6. How would you remove a foreign body from the ear? (a) What precautions should be observed?

Ans. Inject warm water with a syringe. (*a*) Sterilize everything used. Be very gentle; use as little force as possible in injecting; direct the stream toward the upper wall of auditory canal and be sure that there is room for the return flow to pass out. After removal of the body, dry the ear with absorbent cotton. Normal salt solution or saturated solution of boric acid may be used.

7. Name four ways to stop hemorrhage. (a) How would you stop hemorrhage in foot or hand?

Ans. Pressure; application of heat or cold; direct application of astringents or styptics; indirect action of remedies administered by mouth or hypodermatically. (*a*) Elevate the bleeding part, and make continuous pressure on the arteries supplying it with blood. If possible, place a firm compress directly over the wound and fasten tightly.

8. What is normal salt solution? (a) Give formula. (b) When and why used? (c) Describe different ways it is used.

Ans. A watery solution of common salt in the proportion existing in blood. (*a*) Solution of sodium chlorid in water 9-1,000, or nine-tenths of one per cent. (*b*) Where a non-irritating, stimulating fluid is required, as in burns and all denuded surfaces, in the bladder, vagina, rectum, and in hypodermoclysis. Used in these cases because it is bland and unirritating, being more easily tolerated than pure water. (*c*) As a wash, for cleansing or irrigating; as a lotion, for moistening and stimulating repair; as an enema; as a general stimulant or to supply fluids to the body after exhausting hemorrhage, it is used subcutaneously or per rectum.

9. What is the difference between fracture and dislocation? (a) Define a compound fracture.

Ans. Fracture is a solution in the continuity of a bone; dislocation is the displacement of a bone at its articulation with another bone,—an affection of the articulation. (*a*) Fracture with an external wound leading from the body surface into the bone.

10. Name the germ in a septic wound.

Ans. Streptococcus, generally, though many other varieties may be present.

11. Define a burn of first degree. (a) A burn of second degree. (b) A burn of third degree.

Ans. Burn causing reddening of the skin. (*a*) Causing destruction of true skin and blistering. (*b*) An injury to the underlying tissues.

12. Give three different kinds of hemorrhage. (a) How distinguished.

Ans. Arterial, venous and capillary. (*a*) Bright red blood escapes from an artery with a spurt. Dark venous blood escapes from a vein in a slow, steady stream. Blood escaping from capillaries merely oozes from the surface.

PRACTICAL NURSING AND DIETETICS.

November 13, 1913.

1. Define objective and subjective symptoms and name some important objective symptoms.

2. (a) Name three types of abnormal respiration. (b) What is meant by a "cyanotic condition"?

3. What articles would you prepare for a stomach lavage?

4. (a) Give nursing measures to induce urination. (b) What nursing measures could be used to relieve sleeplessness?

5. (a) How would you examine feces for worms and calculi? (b) How would you apply cold compresses to an eye?

6. (a) Define Technique. (b) Mention some complaints frequently made against nurses in private work.

7. (a) How would you make junket? (b) State the source of rennet.

8. How would you peptonize a pint of milk by the cold process?

9. Name the ferments of the pancreatic juice.

10. How would you prepare beef juice?

11. In what organs and by what enzymes are starches digested?

12. Outline the daily care of an ice box.

Do not write questions: Number them and letter subdivisions. Only answer ten questions.

MATERIA MEDICA AND URINALYSIS.

November 13, 1913.

1. (a) By what method of administration would you get the quickest action of a drug? (b) What drugs are usually given in this way?

2. Give the ordinary name of mild chlorid of mercury. State its action and its dose.

3. What is meant by the cumulative action of a drug? In the use of what drug should one be specially watchful for these symptoms?

4. (a) Which is stronger—a Tincture or a Fluid Extract? (b) What symbol would you use to indicate that a medication is to follow meals?

5. What are the usual causes of hypodermic abscesses? Where should hypodermic injections never be administered?

6. Mention five paths by which medicine may enter into the circulation.

7. Define Carminative, Escharotic, Disphoretic, Hemostatic.

8. (a) Is the normal reaction of urine acid or alkaline? (b) What does albumen in the urine indicate?

9. How would you collect a specimen of urine from an infant?

10. Give in detail a test for sugar in the urine.

11. Name two diuretics commonly used. Give some results of carelessness in catheterization.

12. What is the microscopic appearance of urine containing blood?

Do not write questions: Number them and letter subdivisions. Only answer ten questions.

Have your answers to these questions ready for comparison with the answers to be given in a later number of THE GAZETTE.

"BUSINESS has fallen off at our summer resort," observed Dr. Ben Trovato; "people are inclined to blame the railroad over which all our patrons must travel. Prehistoric rolling stock, raised commutation rates, a deal with the express company about baggage and hand packages, soft coal, plush covered seats with the thermometer at 90° F., are a few of the characteristics of our route to By-the-Sea. We are allowed to swelter in the station before leaving and, to add insult to injury, a boy sells palm leaf fans to passengers fully entitled to motor fans and two cents' worth of electricity. Rather than put up with two hours daily of this sort of thing, many men prefer to fight the summer at home. As a conscientious medical adviser, I cannot advise them to do otherwise."

TECHNICALITIES

Items of value to nurses in their work will be welcome to this column

Koumiss.—Koumiss is another preparation from milk that is valuable in fevers or generally impaired digestion. The original koumiss was made from mare's milk, using the milk from mares that ran wild on the steppes of Russia. In this country cow's milk is used, and fermentation is by kephir grains; both lactic acid and vinous fermentation take place and the product is readily digested. It is expensive, but it has a large amount of nutritive constituent rendered easy of absorption.—Lulu Graves, *in Modern Hospital.*

Lost His Pay.—The son of a former governor of North Carolina was refused the extra increase of salary in the U. S. Navy, to which all native born are entitled, because he could not furnish an official birth certificate. Until this year his native state did not consider it worth while to keep records of births and deaths. Gradually such official records will be required as proofs all over the world.—*Buffalo Bulletin.*

Keep Milk Cold.—Prof. H. W. Conn of Wesleyan University says, that at a temperature of 50° Fahrenheit, the bacteria in milk will increase in 50 hours from 3 to 30 times the initial number, and if the temperature is 70° Fahrenheit, they will multiply 40,000 times. Hence keep milk cold.

Sourness is the popular test of the quality of milk. People will buy and use any old milk however dirty, if it is not sour. Milk will not sour for several days if packed in ice, for the acid forming bacteria cannot grow. But the cold does not entirely stop the growth of other germs.

A given sample of milk may not be sour, and yet be rotten with the presence of innumerable other bacteria.

The great mortality of infants of two years old and under, in hot weather, is mostly due to spoiled milk.

Milk that is more than 24 hours old should never be fed to infants or invalids.

Grocery store milk is rarely safe, particularly in the summer.

Much depends upon the care of the milk after it is received for use. It should be kept in a cool place—never in pitchers or pans exposed to a foul air and flies. There is nothing so important in the care of milk as cleanliness.—*Bulletin Connecticut State Board of Health.*

Why Not Try a Spool?—If clothes that are slightly damp are hung on a nail or metal peg, a rust stain that is almost impossible to remove will be the result. To prevent this, drive a nail with the head removed into the wall or cleat, and place a wood peg over it. The peg may be turned up or whittled out with a pocket-knife and the hole bored with a hand drill.—*International Hospital Record.*

Child Suicide in Russia.—According to the statistics of child suicide in Russia for the year 1911, just published, there were 155 cases among the pupils of the schools of the Ministry of Public Instruction. There were also 59 cases of attempted suicide by boys and 32 by girls. The motives were nervous and mental illness, school troubles, family troubles, and romantic reasons.—*Brit. Jour. Nursing.*

Hot Stupes for Pain.—In cases of acute ileocolitis hot stupes or hot compresses to the abdomen are often most grateful to the patient, when there is abdominal pain and tenesmus. The hot applications should be changed every fifteen or twenty minutes, never being allowed to become cold.—*Therapeut. Gazette.*

Sanitary Oil Floor Dressing in Public Schools.—In order to prevent disease acquired in the school room, C. Ward Crampton, M.D., Director of Physical Training, New York Schools, advises the use of a sanitary oil floor dressing to lessen the amount of dust. He also recommends that coughing and sneezing be prevented as far as possible. This can be controlled by instructing each child to provide himself with a clean handkerchief. This should be carried conveniently so as to be available for immediate use. The children should be instructed when coughing or sneezing to guard the mouth and nose with the handkerchief so as not to spread any infectious material throughout the room. Sometimes the impulse to cough or sneeze is so sudden that this cannot be done. The child should, therefore, get in the habit, when he coughs or sneezes, of turning his head away from his neighbors, and should guard the mouth and nose with the hand, but every effort should be made to make proper use of the handkerchief.—*Medical Record.*

PERSONALS.

MOUNTAINSIDE HOSPITAL ALUMNAE ASSOCIATION, MONTCLAIR, N. J.

THE Eighth Annual Meeting of the Mountainside Hospital Alumnæ Association was held at the Graduate Nurses' Club, 39 S. Willow Street, on Wednesday, October 21, 1914, to elect officers for the ensuing year. The following officers were elected:

President, Miss Miller; 1st vice-president, Miss Cox; 2nd vice-president, Miss Stitt; corresponding secretary, Miss Montgomery; recording secretary, Miss Le Roy; treasurer, Miss Synnott.

Nominating Committee: — Chairman, Miss Weiss; assistants, Miss Budd, Miss Tuppett.

Auditing Committee:—Chairman, Miss Rice; assistants, Miss Hanlon; Miss Jamieson.

Visiting Committee:—Chairman, Miss Guthrie; assistants, Miss Garrett, Miss Jamieson.

Entertainment Committee:—Chairman, Miss Rice; assistants, Miss Trippett, Miss Scott, Miss Le Roy.

Printing Committee:—Chairman, Miss Speicker; assistant, Miss Bryan.

The meeting was well attended. A very nice social time was enjoyed by all at the close of the meeting.

Miss Agnes Turner, '12, and Miss Minnie Severance, '12, of the Waltham Training School, have gone to assume charge of a small hospital in Pau, France.

Bertha Miller who has been on the nursing staff at Oakes Homes, Denver, for over two years, has left for Westgate, Shanghai, China, where she will take charge of a training school for Chinese women.

Miss Webber, assistant superintendent of the Rochester, N. Y., Homeopathic Hospital for over seven years, has resigned to engage in foreign Red Cross work.

Miss Elizabeth A. Greener, for several years superintendent of the Hackley Hospital, at Muskegon, Mich., has resigned to become superintendent of nurses at Mount Sinai Hospital, at New York City.

Charline Hardacre, of St. Louis, has recently returned to the United States from the Philippine Islands where she has completed a three years' course in the Government service which time she held the position as anesthetist in the Philippine General Hospital. Miss Hardacre has accepted a position in Parker Memorial Hospital of the State University, Columbia.

Dr. Grace L. Meigs, of Chicago, has been appointed by Miss Julia Lathrop, chief of the children's bureau of the U. S. Department of Labor, as expert on sanitation on the staff of that bureau. Dr. Meigs is a graduate of Rush Medical College and has done special work under Professors von Pirquet, Finkelstein and Von Bokay. She has recently been attending physician in children's diseases in Cook County Hospital, and will act in a general advisory capacity to the bureau in matters of child health and hygiene.

Helena R. Stewart, of New York City, entered upon her duties as supervising nurse on the staff of the Ohio State Board of Health October 5. She was certified by the civil service commission following an examination of candidates for the position held September 22. Miss Stewart is a graduate of Brown University and has had wide experience both in public health nursing and in institutional work in Providence, Rhode Island, and New York City. She has acted as assistant superintendent of the country home for Convalescent Babies at Sea Cliff, Long Island, and had charge of the surgical department in the Infirmary for Women and Children, and in the New York Hospital, in which institution also she received her training as a nurse. Miss Stewart's work will consist of supervision of the various local public health nurses in the state who are approved by the State Board of Health, and she will assist communities desiring to inaugurate public health nursing work in securing suitable nurses. The demand for persons to do this kind of work is increasing constantly with the growing knowledge on the part of the public of the value of the visiting nurse in conserving the public health.

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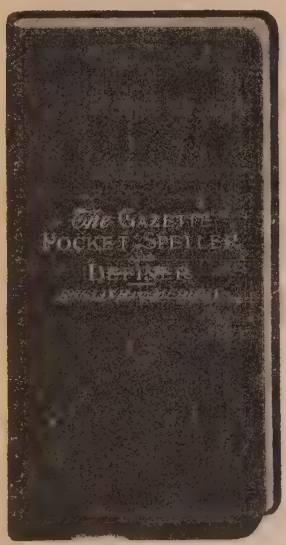

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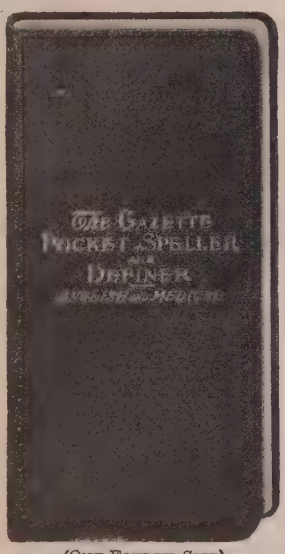

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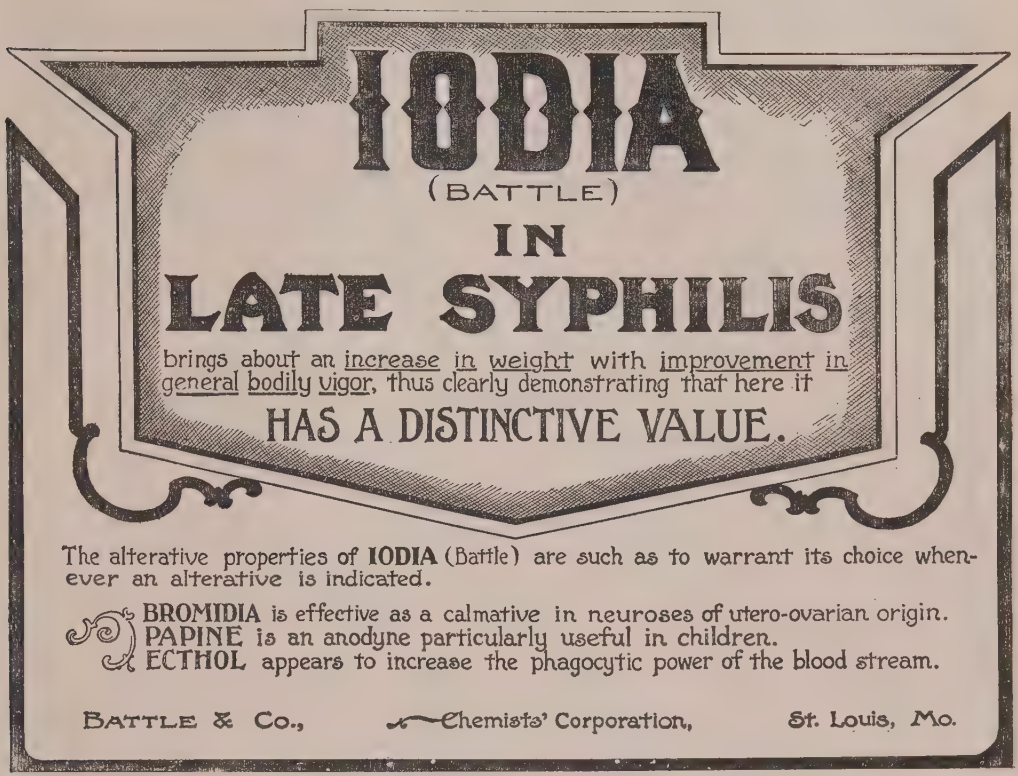
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